



## Reporting Form NYS-45 Information on Magnetic Media

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### 1. Introduction

This publication describes specifications, formats, and layouts for reporting Form NYS-45, *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return*, on magnetic media.

This magnetic media submission will include data from Form NYS-45, *Part A — Unemployment Insurance (UI) Information, Part B — Withholding Tax (WT) Information, and Part D — NYS-1 Corrections/ Additions*.

However, *Part C — Employee Wage and Withholding Information*, must be reported on magnetic media according to specifications described in Publication 69, *Magnetic Media Reporting of Quarterly Combined Wage and Withholding Tax Information* (or Publication 911, *Magnetic Media Reporting of Quarterly Wage and Withholding Tax Information Based on Federal Formats*), and cannot be included on this media.

Payroll services that have at least 50 employers may volunteer to use this format. Prior approval by the New York State Tax Department is required.

This publication supersedes the 12/05 version of this publication and includes the following change:

Payroll services electing to file on magnetic media must file a test media.

### 2. Overview of Form NYS-45 on magnetic media

<b>Media record types</b>	<ul style="list-style-type: none"> <li>1 — Header record</li> <li>5 — DOL Part A — Data on number of employees per month, and Form NYS-45 lines 1–10 and 21</li> <li>6 — WT Part B data — Form NYS-45 lines 12–20a/b</li> <li>7 — WT Part D data — Data on Form NYS-1 corrections as reported on Form NYS-45 (back of form)</li> <li>9 — Trailer record</li> </ul>
<b>Structure</b>	<ul style="list-style-type: none"> <li>Recd type = 1 Header</li> <li>Recd type = 5 Part A Employer 1</li> <li>Recd type = 6 Part B Employer 1</li> <li>Recd type = 7 Part D Employer 1 (up to 9 entries)</li> <li>Recd type = 5 Part A Employer 2</li> <li>Recd type = 6 Part B Employer 2</li> <li>Recd type = 7 Part D Employer 2 (up to 9 entries)</li> <li>etc.</li> <li>Recd type = 9 trailer</li> </ul>
<b>Rules</b>	<ul style="list-style-type: none"> <li>— Required records <ul style="list-style-type: none"> <li>— Header and trailer records</li> <li>— Part B record required for an employer if Part D record reported for that employer</li> <li>— Part D record for an employer must follow the Part B record for that same employer</li> <li>— Part A record for an employer is not required if Part B record for that employer is present</li> <li>— Part B record for an employer is not required if Part A record for that employer is present</li> </ul> </li> <li>— Separate media for UI and WT information may be submitted (flag in header record indicates which types of information are present)</li> <li>— All media should be labeled per Sections 7 and 8</li> </ul>
<b>Payments</b>	<p>For each submission, include two remittances made out to <b>NYS Employment Taxes</b>:</p> <ul style="list-style-type: none"> <li>— One remittance for all unemployment insurance liability for all employers reported on the medium; and</li> <li>— Second remittance for all withholding tax liability for all employers reported on the medium</li> </ul>
<b>Acceptable media types</b>	<p>Media types that can be processed include:</p> <ul style="list-style-type: none"> <li>— 3480 cartridge (38k density)</li> <li>— 3490 cartridge</li> <li>— CD-ROM and 3½" diskette</li> </ul>
<b>Certification process</b>	<ul style="list-style-type: none"> <li>— Same validation rules are applied in certification as in production</li> <li>— A single error on the medium (not meeting specifications) will result in rejection</li> <li>— Payroll services will not be permitted to file in production unless they are first certified</li> <li>— Certification process will provide description of failure</li> <li>— Withholding tax identification number (WTID) will be validated as part of media processing. The check digit must be calculated according to the New York State calculation rules.</li> </ul>

### 3. Submission of test media

Payroll services electing to file on magnetic media are required to file a test media using the format specified in this publication. Tax regulations require the Tax Department to certify that magnetic media submissions are processible, prior to the acceptance of return information on magnetic media. The testing process reduces the potential for unprocessable magnetic media submissions. Unprocessable magnetic media submissions constitute a failure to file that may result in penalties.

Test media submissions must be submitted using an employer code of 400 in the same media format that will be used to submit actual return information. Live data must be used so that both the Labor and Tax Departments can fully test the media.

Submit records for both WT and UI unless the media will be used for only one of the departments. The Tax Department will notify the payroll service within 30 days of receiving the test submission if it has been successfully processed and certified. The Tax Department will also provide the payroll service with their unique payroll service code.

A Form NYS-202.5 and a detailed listing of the employers on the media must also be submitted with the test media.

Refer to Part 9 on page 3 for media file formats.

Mail **test** submissions only to the following address:

NYS TAX DEPARTMENT  
MAGNETIC MEDIA/WAGE REPORTING UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

### 4. File preparation

Payroll services must consult Publication NYS-50, *Employer's Guide to Unemployment Insurance, Wage Reporting, and Withholding Tax*, for definitions and descriptions of the information that must be reported. Payroll services should also consult Forms NYS-45 and NYS-45-I to understand how these specifications are structured.

You must submit your file in an acceptable media format. New York State will notify you if it is unable to process your media.

Refunds of unemployment insurance cannot be requested on magnetic media.

Only current quarter reports may be filed on magnetic media. Any report for a prior quarter should be filed separately on a paper Form NYS-45.

New York State will not accept amended information on magnetic media. Amended information must be submitted on a paper Form NYS-45-X.

Diskettes, CD-ROMs, and cartridges will not be returned.

The Tax Department is not permitted to return media to any employer or payer after the media has been received by the department or its designee.

If you have questions about what to file and when, see *Need help?* on page 7. If you have technical questions about this publication, please call (518) 457-7105.

Separate remittances must be submitted with each medium – for the total UI liability for all employers labeled *UI Payment* on the memo line of the remittance, and a remittance for the total WT liability for all employers labeled *WT Payment* on the memo line of the remittance. New York State will take the following actions if the remittances do not match the liabilities:

#### For overpayments

- Withholding tax overpayments will be assigned to a special holding account.
- Overpayments for UI will be applied to the last employer having UI liability.

#### For underpayments

- Underpayments for withholding tax will result in notices or assessments being sent to the last withholding tax

employer(s) with liability on the media, because WT liabilities are paid in full until funds are exhausted. Additional employer reports showing WT liability will be posted with no payment.

- Payroll services will be contacted when a UI payment does not equal the total of UI liabilities as shown on all returns.

Only employers with UI employer registration numbers and withholding tax identification numbers may be reported on the media. If either number is unknown or not assigned, then that employer's report must be submitted on paper Form NYS-45. Changes to employer name, address, and identification numbers must be reported on separate listings, and *Identity and Status Change Flag* must be set to 1 on the UI (5) record.

### 5. Submission requirements

The due dates for Form NYS-45 returns are as follows:

Quarter	Due date*
January 1 to March 31	April 30
April 1 to June 30	July 31
July 1 to September 30	October 31
October 1 to December 31	January 31

\* When the actual due date falls on a Saturday, Sunday, or legal holiday, New York State Tax Law permits you to file on the next business day.

Each quarter, payroll services using this format must submit:

- media created exactly according to these specifications;
- a signed listing of certain employer information as detailed at the end of this publication;
- two remittances – one for the full liability for unemployment insurance and a second remittance for the full withholding tax liability;
- listing(s) of identification number, name, and address changes; and
- Form NYS-202.5, *Transmittal of Magnetic Media with NYS-45 Data*, which is included as the last page of this publication.

Media created using this format should be submitted with Form NYS-202.5 to NYS Employment Taxes, NYS 45 Magnetic Media Processing Unit, PO Box 4116, Binghamton NY 13902-4116. However, if you are using a private delivery service, instead of the U.S. Postal Service, see *Private delivery services* on page 7.

### 6. Technical specifications

All data records must have a fixed length of 200 bytes. Deviations from the prescribed record formats are not acceptable.

Field values that are alphanumeric (such as name and address) should be left-justified and filled with blanks.

Field values that are numeric should be right-justified and zero-filled with implied decimal (if applicable).

**Multi-volume tapes, diskettes, and CD-ROMs are not acceptable.** To submit data that requires more than one tape, diskette, or CD-ROM, create a separate file on each one. A properly composed tape, diskette, or CD-ROM file begins with a code 1 record and ends with a code 9 record.

Print files and record delimiters are not acceptable.

Data must be recorded in uppercase letters only.

### 7. Technical requirements for diskettes and CD-ROMs

The department can accept most 3½" diskettes and CD-ROMs formatted in conventional operating systems.

The external label on each diskette and CD-ROM must specify:

- the operating system used to create the diskette or CD-ROM file;
- the type of computer used to produce the diskette or CD-ROM file; **and**
- the formatted diskette or CD-ROM density.

**File names** — Each diskette or CD-ROM must contain the 12-character entry *NY45MMYY.RPT* as the file name, where *MM* is the last month of the quarter being reported and *YY* is the year (for example, *0605* is the April–June quarter of 2005). Any diskette or CD-ROM not properly identified internally by *NY45MMYY.RPT* as the file name will be rejected as unprocessable.

## 8. Technical requirements for magnetic tape

For magnetic tape submissions, write data on ½” magnetic tape in unpacked mode on 9-track tape, on single-reel or cartridge files.

**Tape density** — The only acceptable recording densities are 1,600 and 6,250 CPI (characters per inch).

**Internal labels** — Nonlabeled tapes are preferred.

If you cannot produce nonlabeled tapes, labeled magnetic tapes must be in accordance with the following guidelines:

- Labels **cannot** contain security encoded bytes.
- IBM OS/VS standard header and trailer labels are preferred.
- If IBM OS/VS cannot be produced:
  - A. Each segment (record) of a set of labels (for example, *VOLI + HDR1 + HDR2* = a set of header labels) must contain 99 or fewer characters.
  - B. Header and trailer labels must be written in the same density as the data records.
  - C. Header labels must precede data and be separated from the data by one tapemark.
  - D. Trailer labels must follow the data and must be separated from the data by one tapemark.

Two tapemarks must follow the trailer labels.

**Tapemarks** — A tapemark is a one-character physical record. As used on magnetic tape, it separates data from internal labels, one data file from another data file, and indicates the end of the reel.

**Never begin a magnetic tape with a tapemark**, which would signal end-of-reel and cause processing to terminate.

Separate data from internal labels with **one** tapemark.

Indicate end-of-reel with **two** tapemarks, as follows:

- If using trailer labels, write end-of-reel tapemarks directly after the trailer labels.
- If using nonlabel tape, write end-of-reel tapemarks directly after the last block of data.

**Character sets** – The department will **not** accept any tapes with a combination of EBCDIC and ASCII. EBCDIC is preferred, but ASCII is acceptable. A space-mark character has a hexadecimal value of 40 in EBCDIC and a hexadecimal value of 20 in ASCII.

**Logical record length** – Each logical record must be a uniform length of 200 characters.

**Blocking factor** – The blocking factor must not exceed 50. The Tax Department prefers 50 logical records per block, but blocking of 1 to 50 logical records is acceptable.

**Physical records** – Each physical record (a block of logical records) must be a uniform length except for the last record, which may be shorter. The length must be a multiple of the logical record length. Physical records **must not** be prefixed by block descriptor words. The largest acceptable physical record is 10,000 characters (200 x 50).

The department will reject any tape containing physical records larger than 10,000 characters in length.

## 9. File formats

### A. Record name: header record

Position	Element name	Length	Remarks
1	Header identifier	1	Symbol used to identify the record as the header (1)
2–4	Agent identification number	3	Three-digit number, preassigned by the Labor Department
5–34	Agent name	30	Thirty-character name, identifying the reporting agent
35–40	Date media is prepared	6	In the format of MMDDYY where MM = month, DD = day, YY = year
41	Withholding tax identifier	1	<b>B</b> if both UI and WT information included on media; or <b>W</b> if only withholding tax information included on media; or <b>U</b> if only UI information included on media.
42–200	Blank	159	

### B. Record name: detail record — UI information

Position	Element name	Length	Remarks
1	Detail identifier	1	Symbol to identify the record as a detail entry (5)
2–4	Agent identification number	3	Three-digit number, preassigned by the Labor Department
5–11	Employer registration number	7	Labor Department UI employer registration number
12	Blank	1	
13–42	Employer’s name	30	Thirty-character name, identifying the employer
43–53	WTID	11	Number assigned by the Tax Department (usually the FEIN) – left justify; blank fill

**B. Record name: detail record — UI information (continued)**

Position	Element name	Length	Remarks
54–56	Period	3	Period for the reported record in <i>QYY</i> format: Q = quarter January 1 – March 31 = <b>1</b> April 1 – June 30 = <b>2</b> July 1 – September 30 = <b>3</b> October 1 – December 31 = <b>4</b> YY = year (last two digits) Must be current processing quarter and year
57–67	Total remuneration	11	Total remuneration paid for employment during this quarter (dollars only; right justify; zero fill)
68–78	Excess remuneration	11	Remuneration included in the <i>Total remuneration</i> that exceeds the taxable limit of \$8,500 paid each worker during the year (dollars only; right justify; zero fill)
79–89	Taxable wages	11	UI wages subject to contribution ( <i>Total remuneration</i> minus <i>Excess remuneration</i> ; dollars only; right justify; zero fill)
90–93	Tax rate	4	Tax rate assigned to the employer (for example, record a tax rate of 3.525% as <b>3525</b> )
94	Blank	1	
95–105	UI contributions due	11	Tax rate times taxable wages (dollars and cents with no decimal; right justify; zero fill)
106–116	Amount previously underpaid	11	Any amount previously underpaid that should be added to the contributions due (dollars and cents with no decimal; right justify; zero fill)
117–127	Amount previously overpaid	11	Any amount previously overpaid that should be subtracted from the contributions due (dollars and cents with no decimal; right justify; zero fill)
128–138	Remittance	11	The amount included in the accompanying remittance for this particular employer (dollars and cents with no decimal; right justify; zero fill)
139–144	Number of employees — first month	6	Number of full-time and part-time workers in covered employment who worked during or received pay for the week that includes the 12 <sup>th</sup> day of the first month. If there is no employment in the payroll period, enter zeros (right justify; zero fill).
145–150	Number of employees — second month	6	Number of full-time and part-time workers in covered employment who worked during or received pay for the week that includes the 12 <sup>th</sup> day of the second month. If there is no employment in the payroll period, enter zeros (right justify; zero fill).
151–156	Number of employees — third month	6	Number of full-time and part-time workers in covered employment who worked during or received pay for the week that includes the 12 <sup>th</sup> day of the third month. If there is no employment in the payroll period, enter zeros (right justify; zero fill).
157	Identify or status change flag	1	Symbol used to identify accounts with accompanying identity or status change document <b>0</b> = No change <b>1</b> = Change
158–168	Re-employment service fund	11	Multiply taxable wages by .00075 (right justify; zero fill; no decimal; dollars and cents)
169–200	Blank	32	

**C. Record name: detail record — WT summary information**

Position	Element name	Length	Remarks
1	Detail identifier	1	Symbol to identify the record as a detail entry (6)
2–4	Agent identification number	3	Three-digit number, preassigned by the Labor Department
5–15	WTID	11	Number assigned by Tax Department (usually the FEIN) – left justify; blank fill
16	WTID check digit	1	Calculate and enter check digit for WTID
17	Blank	1	
18–47	Employer's name	30	Legal name of employer
48	Seasonal indicator	1	Enter <b>1</b> if seasonal; otherwise set to zero
49–51	Period	3	Period for the reported record in QYY format: Q = quarter January 1 – March 31 = <b>1</b> April 1 – June 30 = <b>2</b> July 1 – September 30 = <b>3</b> October 1 – December 31 = <b>4</b> YY = year (last two digits) Must be current processing quarter and year
52–62	New York State tax withheld	11	Dollars and cents; no decimal; right justify; zero fill
63	Blank	1	
64–74	New York City tax withheld	11	Dollars and cents; no decimal; right justify; zero fill
75	Blank	1	
76–86	Yonkers tax withheld	11	Dollars and cents; no decimal; right justify; zero fill
87	Blank	1	
88–98	Total tax withheld	11	Dollars and cents; no decimal; right justify; zero fill
99	Blank	1	
100–110	WT credit from <b>previous</b> quarter's return	11	Dollars and cents; no decimal; right justify; zero fill
111	Blank	1	
112–122	NYS-1 payments made for the quarter	11	Dollars and cents; no decimal; right justify; zero fill
123	Blank	1	
124–134	Total payments	11	Dollars and cents; no decimal; right justify; zero fill
135	Blank	1	
136–146	Total WT amount due	11	Dollars and cents; no decimal; right justify; zero fill
147	Blank	1	
148–158	Total WT overpaid	11	Dollars and cents; no decimal; right justify; zero fill
159	Blank	1	
160	Apply overpayments to credit or refund	1	— Set to zero if account is not overpaid for WT — Set to <b>1</b> if overpayment to be refunded or applied to outstanding liabilities — Set to <b>2</b> if overpayment to be applied to next quarter (credit) — Valid values: 0, 1, 2

**C. Record name: detail record — WT summary information (continued)**

Position	Element name	Length	Remarks
161–168	Ceased paying wages date	8	— Enter MMDDYYYY if employer <b>permanently</b> ceased paying wages. — Otherwise zero fill
169–177	Payroll service federal identification number	9	Enter FEIN of payroll service
178–200	Blanks	23	

**D. Record name: WT NYS-1 corrections/additions**

Repeat for each line of corrections/additions to be made in Part D. Limited to nine occurrences per employer (if more than nine occurrences for same employer, entire return must be submitted on paper).

Position	Element name	Length	Remarks
1	Detail identifier	1	Symbol to identify the record as a detail entry (7)
2–4	Agent identification number	3	Three-digit number, preassigned by the Labor Department
5–15	WTID	11	Number assigned by the Tax Department (usually the FEIN ) – left justify; blank fill
16	WTID check digit	1	Calculate and enter check digit for WTID
17	Blank	1	
18–47	Employer's name	30	Legal name of employer
48–50	Blanks	3	
51–54	Original last payroll date reported	4	Format <i>MMDD</i> where MM = month and DD = day of originally reported NYS-1 (for example, <b>0204</b> for February 4)
55	Blank	1	
56–66	Original total withheld reported on NYS-1	4	— Dollars and cents; no decimal; right justify; zero fill — Zero fill if nothing to report — If greater than zero, must have entry in original last payroll date reported in 51–54
67	Blank	1	
68–71	Correct last payroll date	4	— Format <i>MMDD</i> where MM = month and DD = day of originally reported NYS-1 (for example, <b>0512</b> for May 12) — Zero fill if nothing to report
72	Blank	1	
73–83	Correct total withheld	11	— Dollars and cents; no decimal; right justify; zero fill — If greater than zero, must have entry in correct last payroll date reported in 68–71 — Zero fill if nothing to report
84–200	Blanks	117	

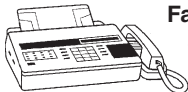
**E. Record name: trailer record**

Position	Element name	Length	Remarks
1	Trailer identification	1	Symbol used to identify the record as the trailer (9)
2-4	Agent identification number	3	Three-digit number preassigned by the Labor Department
5-10	Total number of employer records reported on medium	6	Number of employer records submitted on this medium including record types 5, 6, and 7 (should be total number of records less header and trailer records)
11-21	Total amount paid with medium	11	Total amount paid reported on this medium — should be equal to all the WT and UI remittances added together (dollars and cents; no decimals; right justify; zero fill)
22-32	Number of 5 records	11	Records reporting NYS-45 Part A data for unemployment insurance (right justify; zero fill)
33	Blank	1	
34-44	Number of 6 records	11	Records reporting NYS-45 Part B data for withholding tax (right justify; zero fill)
45	Blank	1	
46-56	Number of 7 records	11	Records reporting NYS-45 Part D data reflecting changes to NYS-1 (right justify; zero fill)
57-200	Blanks	144	

**Need help?**



**Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)



**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



**Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

**Withholding Tax** Information Center: 1 877 698-2910

From areas outside the U.S. and outside Canada: (518) 485-6800



**Hotline for the hearing and speech impaired:** If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

**Private delivery services**

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* on the left for information on ordering forms and publications.) If you use **any** private delivery service, whether it is a designated service or not, address your return to:

JPMORGAN CHASE  
33 LEWIS ROAD  
BINGHAMTON NY 13902-1040

**10. Detail listing of Form NYS-45 filed on magnetic media**

Transmitter ID number  
 Transmitter name

Page #  
 Media create date

FEIN	ER#	Employer name	UI liability (Line 4)	UI payment (Line 9)	WT liability (Line 15)	WT payment (Line 19)	WT refund/credit (Line 20)
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Totals

[Number of returns with WT] \_\_\_\_\_  
 [Number of returns with UI] \_\_\_\_\_

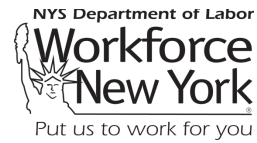
I certify that the information on this return is to the best of my knowledge and belief true, correct, and complete.

Preparer's original signature	Telephone number	Date
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New York State Department of  
**Taxation and Finance**

**Withholding Tax**  
W A Harriman Campus  
Albany NY12227



**Unemployment Insurance Division**  
W A Harriman Campus  
Albany NY12227

## 11. Transmittal of magnetic media with NYS-45 data

Agent identification number \_\_\_\_\_ Period being reported \_\_\_\_\_  
Quarter Year

Test  Please use agent identification number **400** if submitting a test submission.

No. of 5 records being reported \_\_\_\_\_ Amount of UI remittance \$ \_\_\_\_\_ Number of checks \_\_\_\_\_

No. of 6 records being reported \_\_\_\_\_

No. of 7 records being reported \_\_\_\_\_ Amount of WT remittance \$ \_\_\_\_\_ Number of checks \_\_\_\_\_

**Separate checks must be submitted for WT and UI payments.**

### 1. General information

A. Name of transmitter \_\_\_\_\_ B. Address \_\_\_\_\_

C. Contact person \_\_\_\_\_ D. Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E. Federal Identification number \_\_\_\_\_

F. Reel tape configuration:

1,600 BPI, 9-track channel, EBCDIC, odd parity

6,250 BPI, 9-track channel, EBCDIC, odd parity

G. Cartridge

H. Label format: Nonlabel  IBM OS/VS standard internal tape no. \_\_\_\_\_ (vol. ser.)

Nonstandard internal tape no. \_\_\_\_\_ (vol. ser.)

I. Diskette or CD-ROM: 360K, 1.2MB  720K, 1.44MB

### 2. Checklist

**A. The media must meet the required specifications.**

See Publication 72, *Reporting Form NYS-45 Information on Magnetic Media*.

**B. Include the following with the media:**

1. Payment covering the entire UI amount due with the submission
2. Payment covering the entire WT amount due with the submission
3. A listing with original signature
4. This transmittal form

**C. The media and this transmittal form must be sent to:**

NYS EMPLOYMENT TAXES  
NYS 45 MAGNETIC MEDIA PROCESSING UNIT  
PO BOX 4116  
BINGHAMTON NY 13902-4116

Mail test media to:  
NYS TAX DEPARTMENT  
MAGNETIC MEDIA/WAGE REPORTING UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

However, if you are using a private delivery service instead of the U.S. Postal Service, see *Private delivery services* on page 7.

**Please sign below**

I certify that the information contained in the reports being submitted on the accompanying media is true, correct, and complete.

Original signature/title	Date
--------------------------	------

**Replicate this transmittal and submit with media each quarter.**