

# NYS-45-MN (7/05)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



40529417

Reference these numbers in all correspondence:

UI Employer registration number

20219200 5

Withholding identification number

102192005

Employer legal name:

NY\_First Legal ACME, Inc.

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31  1 Apr 1 - Jun 30  2 July 1 - Sep 30  3 Oct 1 - Dec 31  4 Tax year 06 Y Y

If seasonal employer, mark an **X** in the box.....

For office use only  
Postmark

Received date

Received date

UI SK AI SI WT SK

### Number of employees

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month

17

b. Second month

3

c. Third month

3

### Part A - Unemployment insurance (UI) information

### Part B - Withholding tax (WT) information

- 1. Total remuneration paid this quarter ..... 67800 . 00
- 2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1 ..... 27600 . 00
- 3. Wages subject to contribution (subtract line 2 from line 1) ..... 40200 . 00
- 4. UI contributions due  
Enter your Tax rate 10 967 % ..... 4408 . 73
- 5. Re-employment service fund (multiply line 3 x .00075) ..... 30 . 15
- 6. UI previously underpaid with interest ..... 0 . 00
- 7. Total of lines 4, 5, and 6 ..... 4438 . 88
- 8. Enter UI previously overpaid ..... 0 . 00
- 9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ..... 4438 . 88
- 10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)\* ..... 0 . 00
- 11. Apply to outstanding liabilities and/or refund .....

- 12. New York State tax withheld ..... 4741 . 92
- 13. City of New York tax withheld ..... 2585 . 22
- 14. City of Yonkers tax withheld ..... 326 . 31
- 15. Total tax withheld (add lines 12, 13, and 14) ..... 7653 . 45
- 16. WT credit from previous quarter's return (see instr.) ..... 0 . 00
- 17. Form NYS-1 payments made for quarter ..... 7653 . 45
- 18. Total payments (add lines 16 and 17) ..... 7653 . 45
- 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ..... 0 . 00
- 20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)\* ..... 0 . 00
- 20a. Apply to outstanding liabilities and/or refund .....  or
- 20b. Credit to next quarter withholding tax .....
- 21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) ..... 4438 . 88

**\* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.**

### Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT)			Annual wage and withholding totals	
			If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
Totals (column c must equal remuneration on line 1; see instructions for exceptions) .....				

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature: Adrienne Baker      Signer's name (please print): Adrienne Baker      Title: V.P. Operations

Date: 08/09/2006      Telephone number: 650 358 0109

**Quarterly Combined Withholding, Wage Reporting,  
And Unemployment Insurance Return-Attachment**



60519412

Withholding identification number:

1 0 2 1 9 2    0 0    5

Mark an **X** in the applicable box(es):

A. Original  or Amended return

Jan 1 - Mar 31  1    Apr 1 - Jun 30  2    July 1 - Sep 30  3    Oct 1 - Dec 31  4    Tax year  0 6  Y Y

B. Other wages only reported on this page ...

C. Seasonal employer .....

**Employer legal name:**

NY\_First Legal ACME, Inc.

Quarterly employee/payee wage reporting information			Annual wage and withholding totals	
a Social security number	b Last name, first name, middle initial	UI total remuneration/gross c wages paid this quarter	If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.	
			d Gross wages or distribution (see instr.)	e Total tax withheld
802152006	Abell, Aaren	800 00		
902152006	Adams, Aaron	900 00		
502152006	Alban, Abbi	500 00		
602152006	Allard, Abner	600 00		
702152006	Archer, Dillon	700 00		
202152006	Arnold, Dirk	14100 00		
402152006	Colt, Burton	400 00		
302152006	Good, Dolly	13800 00		
160215200	Manston, Don	1600 00		
130215200	Marris, Doria	1300 00		
170215200	Marsham, Dennis	1700 00		
140215200	Mason, Caden	1400 00		
112092004	Maycott, Dora	25200 00		
100215200	Silvester, Candy	1000 00		
110215200	Simeon, Candis	1100 00		
100215200	Simmons, Jaslyn	1200 00		
Page No. <u>1</u> of <u>2</u> Total this page only ....		66300 00		
<b>If first page, enter grand totals of all pages .....</b>		67800 00		

Contact information (see instructions)	Name Adrienne Baker	Daytime telephone number ( 650 ) 358-0109
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Postmark

Postmark grid

Received date

Received date grid

Mail to: **NYS EMPLOYMENT TAXES**  
PO BOX 4119  
BINGHAMTON NY 13902-4119



# NYS-45-MN (7/05)

## Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



40529417

Reference these numbers in all correspondence:

UI Employer registration number

20124200 6

Withholding identification number

101242006

Employer legal name:

NY\_Second Legal ACME, Inc.

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31  1 Apr 1 - Jun 30  2 July 1 - Sep 30  3 Oct 1 - Dec 31  4 Tax year 06 Y Y

If seasonal employer, mark an **X** in the box.....

For office use only  
Postmark

Received date

Received date

UI SK AI SI WT SK

### Number of employees

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month

3

b. Second month

0

c. Third month

0

### Part A - Unemployment insurance (UI) information

### Part B - Withholding tax (WT) information

- 1. Total remuneration paid this quarter ..... 22298 . 00
- 2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1 ..... 2300 . 00
- 3. Wages subject to contribution (subtract line 2 from line 1) ..... 19998 . 00
- 4. UI contributions due  
Enter your Tax rate 9 825 % ..... 1964 . 80
- 5. Re-employment service fund (multiply line 3 x .00075) ..... 15 . 00
- 6. UI previously underpaid with interest ..... 0 . 00
- 7. Total of lines 4, 5, and 6 ..... 1979 . 80
- 8. Enter UI previously overpaid ..... 0 . 00
- 9. Total UI amounts due (if line 7 is greater than line 8, enter difference) ..... 1979 . 80
- 10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)\* ..... 0 . 00
- 11. Apply to outstanding liabilities and/or refund .....

- 12. New York State tax withheld ..... 1638 . 89
- 13. City of New York tax withheld ..... 891 . 91
- 14. City of Yonkers tax withheld ..... 111 . 49
- 15. Total tax withheld (add lines 12, 13, and 14) ..... 2642 . 29
- 16. WT credit from previous quarter's return (see instr.) ..... 0 . 00
- 17. Form NYS-1 payments made for quarter ..... 2642 . 29
- 18. Total payments (add lines 16 and 17) ..... 2642 . 29
- 19. Total WT amount due (if line 15 is greater than line 18, enter difference) ..... 0 . 00
- 20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)\* ..... 0 . 00
- 20a. Apply to outstanding liabilities and/or refund .....  or 20b. Credit to next quarter withholding tax .....
- 21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) ..... 1979 . 80

**\* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.**

### Part C - Employee wage and withholding information

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT)				Annual wage and withholding totals	
If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.					
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter		d Gross wages or distribution (see instructions)	e Total tax withheld
301152006	Mayne, Jason	10800	00		
401152006	Saymour, Jaycob	7692	32		
201152006	Skern, Jaxon	3805	46		
<b>Totals</b> (column c must equal remuneration on line 1; see instructions for exceptions) .....		22298	00		

**Sign your return:** I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature <http://76F169DEF19844E49077EC019FF986EC> Signer's name (please print) Adrienne Baker Title V.P. Operations

Date 08/09/2006 Telephone number 650 358 0109