

PART D - Address/Telephone Information

Please enter your mailing and/or physical location address, as well as the physical location of your books/records. If you wish to provide us with **ADDITIONAL** addresses to direct specific forms, please indicate below.

1. **MAILING ADDRESS:** This is **YOUR** business mailing address (*NOT your agent or paid preparer*) where all your Unemployment Insurance/Withholding Tax mail will be directed unless otherwise indicated. *If all your Unemployment Insurance/Withholding Tax mail (*including Forms NYS-45 and NYS-1*) is to be received at this mailing address, **do not** complete sections 4 through 6.

| | | |
|------------------|-------|----------|
| Street or PO Box | | |
| City | State | ZIP Code |

2. **PHYSICAL ADDRESS:** This is the **ACTUAL** location of your business if different from the mailing address, or if your mailing address is a P.O. Box. If you have more than one location, list your primary location.

| | | |
|--------|-------|----------|
| Street | | |
| City | State | ZIP Code |

3. **BOOKS/RECORDS ADDRESS:** This is the physical location where your **BOOKS/RECORDS** can be found.

- Same as no. 1 Same as no. 2
 Other - please complete

| | | |
|--------|-------|----------|
| c/o | | |
| Street | | |
| City | State | ZIP Code |

ADDITIONAL ADDRESSES

4. **AGENT ADDRESS (C/O):** This is the address of your **AGENT**, where all your Unemployment Insurance mail will be directed unless other addresses have been provided for the mailing of specific forms in sections 5 and/or 6.

Note: All withholding tax mail (*except quarterly return NYS-45 and Return of Tax Withheld coupon NYS-1*) must be sent to your mailing address (*no. 1*). However, the quarterly return NYS-45 and coupon NYS-1 may be directed to a separate address if no. 5 below is completed.

| | | |
|--------------------|-------|----------|
| c/o | | |
| Street or PO Box | | |
| City | State | ZIP Code |
| Telephone () | | |

5. **QUARTERLY COMBINED WITHHOLDING, WAGE REPORTING AND UNEMPLOYMENT INSURANCE RETURN (Form NYS-45) AND RETURN OF TAX WITHHELD (Form NYS-1) ADDRESS:** If completed, this is the address to which your NYS-45 and NYS-1 will be directed.

- Same as no. 4 Other - please complete

| | | |
|------------------|-------|----------|
| c/o | | |
| Street or PO Box | | |
| City | State | ZIP Code |

6. **NOTICE OF ENTITLEMENT AND POTENTIAL CHARGES ADDRESS:** If completed, this is the address to which the Notice of Entitlement and Potential Charges will be mailed. This form is mailed each time a former employee files a claim for Unemployment Insurance benefits. Please attach a separate sheet if you need to indicate different Notice of Entitlement and Potential Charges addresses for more than one physical location.

| | | |
|------------------|-------|----------|
| c/o | | |
| Street or PO Box | | |
| City | State | ZIP Code |

PART E - Business Information

1. Complete the following for **sole proprietor, household employer of domestic services, all partners (including partners of LLP or RLLP), all members (of LLC or PLLC), and all corporate officers**, whether or not remuneration is received or services are performed in New York State.

| Name | Social Security no. | Title | Residence Address |
|-------|---------------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

