

11. 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.

11.a **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 11d through 11f.

Street or PO Box		
City	State	ZIP Code

11b. **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

11c. **BOOKS/RECORDS ADDRESS:** This is the physical location where your **BOOKS/RECORDS** can be found.

- Same as no. 11a Same as no. 11b
 Other - please complete

c/o		
Street		
City	State	ZIP Code

ADDITIONAL ADDRESSES

11d. **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 11e and/or 11f.

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. 11a). However, the quarterly return NYS-45 and coupon NYS-1 may be directed to a separate address if no. 11e below is completed.

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

11e. **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. 11d Other - please complete

c/o		
Street or PO Box		
City	State	ZIP Code

11f. **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

I affirm that I have read the above questions and that the answers provided are true to the best of my knowledge and belief.

Signature and Title of Chief Executive Officer

Date