



Public Safety Communications Surcharge Return

Tax Law Section 186-f

WCS-1

(5/10)

Mark an **X** in the appropriate box to indicate the period covered by this return.

Period 111
Mar 1 – May 31, 2010
Due: Jun 15, 2010

Period 211
Jun 1 – Aug 31, 2010
Due: Sep 15, 2010

Period 311
Sep 1 – Nov 30, 2010
Due: Dec 15, 2010

Period 411
Dec 1, 2010 – Feb 28, 2011
Due: Mar 15, 2011

Final return

Taxpayer identification number		Business telephone number ()	Change of business information - If you need to update your address or phone information, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see <i>Business information</i> in the instructions.	<i>For office use only</i>
Legal name				
DBA (doing business as) name				
Number and street				
City, state, ZIP code				

A. Pay amount shown on line 9. Make payable to: Commissioner of Taxation and Finance Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
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See Form WCS-1-I, Instructions for Form WCS-1, before completing this form. Enter the appropriate information below for the period covered by this return.

1st month

1 Total surcharge collected (multiply number of devices by 1.20) **1.**

2nd month

2 Total surcharge collected (multiply number of devices by 1.20) **2.**

3rd month

3 Total surcharge collected (multiply number of devices by 1.20) **3.**

4 Total surcharge collected for the period (add lines 1, 2, and 3)	4.	<input type="text"/>
5 Administrative fee (multiply line 4 by 1.166% (.01166); see instructions)	5.	<input type="text"/>
6 Amount due (subtract line 5 from line 4)	6.	<input type="text"/>
7 Interest calculated on line 4 amount (see instructions)	7.	<input type="text"/>
8 Penalty calculated on line 4 amount (see instructions).....	8.	<input type="text"/>
9 Balance due (add lines 6, 7, and 8 and enter here; enter the payment amount on line A above).....	9.	<input type="text"/>

Mark an **X** in the box if you are a wireless customer remitting the surcharge directly to the New York State Tax Department

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully issuing a false or fraudulent document with the intent to evade tax may constitute a felony or other crime under New York State Tax Law Article 37, punishable by a substantial fine and a possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity or the accuracy of any information entered on this document.

Signature		Title	Date / /	Telephone number ()
E-mail address				
Paid preparer's use only	Preparer's signature	Date / /	Mark an X if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name or yours, if self-employed			EIN (employer identification number)
	Address		ZIP code	Telephone number ()
	Preparer's e-mail address			

See instructions for where to file.