



Department of Taxation and Finance

Public Safety Communications Surcharge Return

Tax Law – Article 9, Section 186-f

WCS-1

(4/15)

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

Period 116
Mar 1 – May 31, 2015
Due: Jun 15, 2015

Period 216
Jun 1 – Aug 31, 2015
Due: Sep 15, 2015

Period 316
Sep 1 – Nov 30, 2015
Due: Dec 15, 2015

Period 416
Dec 1, 2015 – Feb 29, 2016
Due: Mar 15, 2016

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. 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.)	A. 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.**

5 Administrative fee (multiply line 4 by 1.166% (.01166); see instructions) **5.**

6 Amount due (subtract line 5 from line 4) **6.**

7 Interest calculated on line 4 amount (see instructions) **7.**

8 Penalty calculated on line 4 amount (see instructions) **8.**

9 Balance due (add lines 6, 7, and 8 and enter here; **enter the payment amount on line A above**) **9.**

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.

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

See instructions for where to file.