



Department of Taxation and Finance

# Public Safety Communications Surcharge Return

Tax Law – Article 9, Section 186-f

# WCS-1

(5/16)

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

Period 117   
**Mar 1 – May 31, 2016**  
**Due: Jun 15, 2016**

Period 217   
**Jun 1 – Aug 31, 2016**  
**Due: Sep 15, 2016**

Period 317   
**Sep 1 – Nov 30, 2016**  
**Due: Dec 15, 2016**

Period 417   
**Dec 1, 2016 – Feb 28, 2017**  
**Due: Mar 15, 2017**

Final return

Taxpayer identification number		Business telephone number ( )	<b>Change of business information</b> - 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				

<b>A.</b> Pay amount shown on line 9. Make payable to: <b>Commissioner of Taxation and Finance</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A.</b> 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.**

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**2nd month**

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

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**3rd month**

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

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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 ( )	
<b>Paid preparer's use only</b> (see instr.)	Preparer's signature		Date	Mark an <b>X</b> 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

See instructions for where to file.