



Public Safety Communications Surcharge Return

Tax Law Section 186-f

WCS-1-MN

(11/09)

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

Period 310
Sep 1 – Nov 30, 2009
Due: Dec 15, 2009

Period 410
Dec 1, 2009 – Feb 28, 2010
Due: Mar 15, 2010

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.)	<input type="checkbox"/> Payment enclosed
A.	

See Form WCS-1-I, Instructions for Forms WCS-1 and WCS-1-MN, 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 information is true and correct. I make these statements with the knowledge that knowingly making a false or fraudulent statement on this document is a misdemeanor under Penal Law section 210.45. I understand that the state is authorized to investigate the accuracy of any information entered on this return.

Signature	Title	Date / /	Telephone number ()
E-mail address			
Paid preparer's use only	Preparer's signature	Date / /	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.