



# 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 (    )	<b>Change of business information</b> - If you need to update your address or phone information, you can do so online. Visit our Web site at <a href="http://www.nystax.gov">www.nystax.gov</a> 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				

<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.)	Payment enclosed
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**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				
<b>Paid preparer's use only</b>	Preparer's signature	Date / /	Mark an <b>X</b> 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.