



Application for Refund of Wireless Communications Surcharge

Use this form to apply for a refund associated with either Form WCS-1, *Postpaid Wireless Communications Surcharge Return*, or WCS-2-PRE, *Prepaid Wireless Communications Surcharge Return*. Consumers may also use this form to apply for a refund.

Do **not** use this form to apply for a refund of any wireless communications surcharge or public safety communications surcharge paid with a return due on or before December 15, 2017.

Read Form AU-100-I, *Instructions for Form AU-100*, before completing this application.

Complete all applicable items (Please type or print legibly)

Taxpayer identification number or EIN or social security number 	Period covered by claim (date(s) of purchase) (mm/dd/yyyy) / / — / /	Refund claimed \$
Applicant's name (legal business name, including DBA or individual)		Telephone number ()
Applicant's mailing address (number and street or rural route)		
City	State	ZIP code

How I paid the wireless communications surcharge:
(Mark an X in one box. You must file a separate application for each refund claim.)

- I reported and paid with Form WCS-1, *Postpaid Wireless Communications Surcharge Return*.
- I reported and paid with Form WCS-2-PRE, *Prepaid Wireless Communications Surcharge Return*.
- I paid as a consumer to a wireless communications service supplier or prepaid wireless communications seller.

Explanation of your claim:

- Include copies of all supporting documents (see instructions).
- Use additional sheets, if necessary. Make sure your name and ID number are on each sheet.
- You must file a complete application including all supporting documents. Be sure to sign your application (see page 2).

Certification: I, _____, the applicant named above, or partner, officer, or other authorized representative of such applicant, do hereby:

- make application for refund of wireless communications surcharge, pursuant to the New York State Tax Law; and
- certify that the above statements, and any documents provided to substantiate the refund claimed, are true, complete, and correct, and that no material information has been omitted; and
- certify that all of the surcharge for which this application is filed has been paid by the applicant, and that no portion has been repaid to the applicant by any person required to collect the surcharge, or, if the applicant is a person required to collect the surcharge, that the amount claimed has been repaid to the appropriate purchaser(s); and
- certify that no amount claimed has previously been subject to a refund; and
- make these statements with the knowledge that willfully providing false or fraudulent information with this document with the intent to evade tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence; and
- understand that the Tax Department is authorized to investigate the validity of the refund claimed and the accuracy of any information provided with this application.

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instr.) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>			
	Designee's name	Designee's phone number ()	Personal identification number (PIN)	<input type="text"/>
	Designee's e-mail address			
Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	Email address of authorized person		Telephone number ()	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	Email address of individual preparing this return	Telephone number ()	Preparer's NYTPRIN	NYTPRIN excl. code Date

See instructions, Form AU-100-I, for *Where to file*.