



Period beginning _____ - _____ - _____ Period ending _____ - _____ - _____

Name: _____		Name Change <input type="checkbox"/>		EMPLOYER IDENTIFICATION NUMBER: _____ - _____	
In Care of: _____				OR	
Address (number and street): _____		Address Change <input type="checkbox"/>		SOCIAL SECURITY NUMBER: _____ - _____ - _____	
City and State: _____	Zip Code: _____	Country (if not US): _____		FEDERAL BUSINESS CODE: _____	
Business Telephone Number: _____	Taxpayer's Email Address: _____		2-CHARACTER SPECIAL CONDITION CODE IF APPLICABLE (SEE INSTRUCTIONS): _____		

Check type of business entity: Corporation Partnership Individual

Check type of return: Initial return Amended return Final return

Date business began: _____ - _____ - _____ Date business ended: _____ - _____ - _____

SCHEDULE A Computation of E-911 Surcharge (See instructions)

A. Payment	Amount being paid electronically with this return	A.	Payment Amount	_____
-------------------	---	-----------	----------------	-------

NUMBER OF LAND LINE DEVICES		SURCHARGE AMOUNT PER DEVICE		SURCHARGE DUE
1. _____	X	\$1.00	=	1. _____
2. Less Administrative Fee (multiply line 1, surcharge due, by 2%)				2. _____
3. Net Surcharge Due on Land Line devices (line 1 less line 2)				3. _____

NUMBER OF VOICE OVER INTERNET PROTOCOL (VOIP) DEVICES		SURCHARGE AMOUNT PER DEVICE		SURCHARGE DUE
4. _____	X	\$1.00	=	4. _____
5. Less Administrative Fee (multiply line 4, surcharge due, by 2%)				5. _____
6. Net Surcharge Due on VOIP devices (line 4 less line 5)				6. _____
7. TOTAL REMITTANCE DUE (Add lines 3 and 6).....				7. _____

CERTIFICATION OF TAXPAYER				
I hereby certify that this return, including any accompanying schedules or statements, has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.				Firm's Email Address
I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) ..YES <input type="checkbox"/>				
Signature of owner, partner or officer of corporation	Title	Phone Number	Date	Preparer's Social Security Number or PTIN _____ - _____ - _____
Preparer's signature	Preparer's printed name	Date		Firm's Employer Identification Number _____ - _____ - _____
Firm's name (or yours, if self-employed)	Address	Zip Code		Check if self-employed: <input type="checkbox"/>

SEE INSTRUCTIONS FOR MAILING AND PAYMENT INFORMATION

Instructions for Form NYC-E-911 Surcharge

IMPORTANT INFORMATION CONCERNING FORM NYC-200V AND PAYMENT OF TAX DUE

Payments may be made on the NYC Department of Finance website at nyc.gov/eservices, or via check or money order. If paying with check or money order, do not include these payments with your New York City return. Checks and money orders must be accompanied by payment voucher form NYC-200V and sent to the address on the voucher. Form NYC-200V must be post-marked by the return due date to avoid late payment penalties and interest. See form NYC-200V for more information.

HIGHLIGHT OF RECENT LEGISLATIVE CHANGE

As of December 1, 2017, the tax of 30 cents per month on every wireless communication device formerly imposed by Chapter 23-B of the Title 11 of the Administrative Code is no longer administered by New York City.

Special Condition Codes

At the time this form is being published, there are no special condition codes for tax year 2018. Check the Finance website for updated special condition codes. If applicable, enter the two character code in the box provided on the form.

GENERAL INFORMATION

Section 11-2323 of the Administrative Code of the City of New York imposes a surcharge of \$1.00 (one dollar) per telephone access line per month on customers of every telephone service supplier within New York City. Additionally a surcharge of \$1.00 (one dollar) per telephone access line, or equivalent, is also imposed on customers of providers of voice over internet protocol ("VOIP") service within New York City.

The surcharges shall be used to pay for the costs associated with the design, construction, operation, maintenance and administration of public safety communications networks serving the City of New York. The surcharge is to be separately stated and added to every customer's bill. Each telephone service supplier and each VOIP service provider that provides local access service within the 911 service area in the City of New York is entitled to retain, as an administrative fee, an amount equal to two percent of its collections of the surcharge.

DEFINITIONS:

"Voice over internet protocol service" or "VOIP service" means any service that (i) enables real-time, two-way communications; (ii) requires a broadband connection from the user's location; (iii) requires internet protocol compatible customer premises equipment (CPE); and (iv) permits users generally to receive calls that originate on the public switched telephone network and to terminate calls to the public switched telephone network.

FILING A RETURN AND PAYMENT OF SURCHARGE

Returns are due on or before the 25th day of each month, covering surcharge monies collected for the preceding calendar month.

Payments must be made in US dollars, drawn on a US bank. Checks drawn on foreign banks will be rejected and returned. Make your remittance payable to: NEW YORK CITY DEPARTMENT OF FINANCE.

For further information, call 311. If calling from outside of the five NYC boroughs, please call 212-NEW-YORK (212-639-9675).

Preparer Authorization: If you want to allow the Department of Finance to discuss your return with the paid preparer who signed it, you must check the "yes" box in the signature area of the return. This authorization applies only to the individual whose signature appears in the "Preparer's Use Only" section of your return. It does not apply to the firm, if any, shown in that section. By checking the "Yes" box, you are authorizing the Department of Finance to call the preparer to answer any questions that may arise during the processing of your return. Also, you are authorizing the preparer to:

- Give the Department any information missing from the return,
- Call the Department for information about the processing of your return or the status of your payment(s), and
- Respond to certain **notices that you have shared with the preparer** about math errors, offsets and return preparation. The notices **will not** be sent to the preparer.

You are not authorizing the preparer to receive any refund check, bind you to anything (including any additional E-911 surcharge amount due), or otherwise represent you before the Department. The authorization cannot be revoked, however, the authorization will automatically expire 90 days after the filing of the return. **Failure to check the box will be deemed a denial of authority.**

MAILING INSTRUCTIONS

MAIL ALL RETURNS TO:

NYC DEPARTMENT OF FINANCE
E-911
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REMITTANCES

**PAY ONLINE WITH FORM NYC-200V
AT NYC.GOV/ESERVICES**

OR

Mail Payment and Form NYC-200V ONLY to:

NYC DEPARTMENT OF FINANCE
E-911
P.O. BOX 3933
NEW YORK, NY 10008-3933