

**NEW YORK BLACK CAR OPERATORS' INJURY COMPENSATION FUND, INC.
(THE "FUND")**

UNIFORM MONTHLY PERCENTAGE (2.75%) SURCHARGE REPORT
(Effective for all Covered Services performed on or after July 1, 2023)

SURCHARGE IS DUE BY THE 15th OF THE MONTH FOR THE PRIOR MONTH'S COLLECTIONS

1 Enter Company Name:	
2. Enter Month and Year for which this filing is being made: Month _____ Year _____	
3. ACTIVITY FOR THE MONTH AND YEAR ENTERED IN BOX NO. 2 <i>(NOTE: AMOUNTS ENTERED IN (A) THROUGH (E) BELOW MUST AGREE TO YOUR GENERAL LEDGER. ALL AMOUNTS IN THIS REPORT SHOULD BE ROUNDED TO THE NEAREST DOLLAR.</i>	
BEGINNING OF MONTH'S ACCOUNTS RECEIVABLE	(A) \$
GROSS REVENUE BOOKED (Voucher, Credit Card & Cash) FOR THE MONTH (inclusive of BCF Surcharge, Congestion Surcharge, Sales Tax & Voluntary Tips)	(B) \$
GROSS AMOUNTS COLLECTED DURING THE MONTH (Inclusive of BCF Surcharge, Sales Tax, Congestion Surcharge, Cash & Voluntary Tips)	(C) \$
LESS: SALES TAXES REMITTED DURING THE MONTH <i>(proof of payment of sales tax will be required at audit)</i>	(C1)\$
LESS: CONGESTION SURCHARGE TAXES REMITTED DURING THE MONTH <i>(proof of payment of congestion surcharge tax will be required at audit)</i>	(C2)\$
LESS: CASH FARES RECEIVED DURING THE MONTH	(C3)\$
LESS: VOLUNTARY TIPS RECEIVED DURING THE MONTH	(C4)\$
GROSS AMOUNTS COLLECTED DURING THE MONTH ADJUSTED FOR CONGESTION SURCHARGE AND SALES TAXES REMITTED & CASH FARES & VOLUNTARY TIPS EXEMPT FROM BCF S/C [(C5)=(C)-(C1)-(C2)-(C3)-C4]	(C5)\$
AMOUNT OF ACCOUNTS RECEIVABLE WRITTEN OFF DURING THE MONTH	(D) \$
END OF MONTH ACCOUNTS RECEIVABLE: [(E)=(A)+(B)-(C)-(D)]	(E) \$
SURCHARGE REMITTED FOR MONTH AND YEAR ENTERED IN BOX NO. 2 (2.67% OF (C5) ABOVE)	\$
MAKE CHECK PAYABLE TO: NYBCOICF	

IF REMITTANCE IS LESS THAN 2.67 % OF LINE 3(C5) ABOVE, PLEASE ATTACH AN EXPLANATION ON A SEPARATE SHEET

PLEASE MAIL YOUR REMITTANCE AND THIS FORM TO THE FOLLOWING ADDRESS:

New York Black Car Operators' Injury Compensation Fund, Inc.
PO Box 418311
Boston, MA 02241-8311

Under penalties as provided by Section 160-oo of Executive Law Article 6-F, the Undersigned declares that I have reviewed this Surcharge Report, including the Accompanying Explanation, if one is attached, and to the best of my knowledge and belief, the information provided herein is true, accurate and complete.

SIGNATURE:	DATE SIGNED:
PRINT YOUR NAME:	TITLE:

This Report is Subject to Audit