

State of Wyoming
Telecommunications for the Communications Impaired Act
Wyoming Relay Service Fund Required Annual Remittance Report

Telephone Company: _____

Other Telephone Company names used for Wyoming Relay remittance: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Co.'s Special Fee Remittance Contact's Name/Title: _____

Telephone Co.'s Special Fee Remittance Contact's Telephone #: _____

Telephone Co.'s Special Fee Remittance Contact's Email Address: _____

Communities Served: _____

Report for Year of: January 1, _____ to December 31, _____

MONTH	# OF ACCESS LINES	AT RATE OF:	UNCOLLECTIBLE AMOUNTS / 1% ADMINISTRATIVE FEE	AMOUNT REMITTED TO STATE OF WY
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL ANNUAL REMITTANCE TO THE STATE OF WY:				

Signature of Authorized Official

Date

Preparer's Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

*This annual report—required by the State of Wyoming, Department of Workforce Services, Division of Vocational Rehabilitation in order to monitor special collection fees—is due no later than **April 1** of each calendar year.*