

**State of Wyoming
Telecommunications for the Communications Impaired Act
Wyoming Relay Service Fund Required Special Fee Remittance**

Telephone Company: _____ FEIN: _____

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

Other Telephone Company names used for Wyoming Relay remittance: _____

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 Month Ending: _____

Total number of access lines subject to special fee: _____ \$ _____
x \$ 0.09

TOTAL: \$ _____

Less: Uncollectible Amounts (if any)/Adjustments: \$ _____

Subtotal: \$ _____

Less: 1% Administrative Fee if authorized (subtract 1% of above subtotal) \$ _____

TOTAL REMITTANCE DUE AND ENCLOSED: \$ _____

Preparer's Contact Information—all fields required:

Name and Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Signature of Preparer

Date

The number of local exchange access lines is calculated and billable on a monthly basis. The proceeds from the special fee shall be remitted to the Division of Vocational Rehabilitation monthly and no later than thirty days after the end of the month in which they were collected.

This form shall be completed and mailed, along with your check, to the Division of Vocational Rehabilitation, Department of Workforce Services, attn: Fiscal (**Note new address**): **614 South Greeley Highway, Cheyenne, Wyoming 82007**. Make the check payable to the Wyoming State Treasurer. The State of Wyoming Tax Identification Number is 83-0208667.

FOR TREASURER'S USE ONLY:

Check No. _____

Date Posted: _____

Date Deposited: _____