

**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 \$ 0.04

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 Wyoming Relay, Division of Vocational Rehabilitation, Department of Workforce Services, (*Note new address*): **851 Werner Court, Suite 120, Casper, Wyoming 82601**. 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: \_\_\_\_\_