



Mark Gordon
Governor

State of Wyoming Department of Workforce Services

Unemployment Tax Division
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Robin Sessions Cooley
Director

4790 (02/2018) UI Tax

Out of State Questionnaire Request

The Wyoming Unemployment Tax Division (UTD) has received your registration. Since your company is not based in Wyoming, additional information is required to make an accurate determination of your liability for Unemployment Tax.

Please complete and return the Out of State Questionnaire. Your application for a State Unemployment Insurance Account (SUI) will not be processed until the completed form has been returned us.

Return the completed form to:

Email: DWS-UI-OSQ@wyo.gov (attach completed form(s) to email message)
Fax: (307) 235-3278
PHONE: (307) 235-3217
Mail: UNEMPLOYMENT INSURANCE TAX DIVISION
ATTN: REGISTRATION UNIT
PO BOX 2760
CASPER, WY 82602.

Department of Workforce Services Out of State Questionnaire

Company Name (Legal Business Name): _____

Address: _____

City State Zip: _____

Contact Person Name: _____

Phone: _____ Email: _____

A physical address in Wyoming is REQUIRED – DO NOT USE your Registered Agent’s address or a PO Box. Your application cannot be processed without a valid physical Wyoming address.

1. Does your company have a Wyoming resident performing services for your company in Wyoming?

Type of location: Home Office

Address: _____

2. Has your company been awarded the contract for a project in Wyoming? Yes No

If Yes:

● What is the project name and location? _____

● Start Date: _____

● How long will this project last? _____

● How long will your company be working at this location? _____

● Is this a public works job? Yes No

● Will your company hire Wyoming residents to work on the project? Yes No

● Date of first payroll: _____

● Does your company expect to pay salaries over \$10,000 per month for work performed in Wyoming? Yes No

3. Is your company the General Contractor on this project? Yes No

(Please provide a list of all subcontractors. The list must include name, address and contact name and phone number for all subcontractors)

******You are responsible to obtain a current Certificate of Good Standing for Unemployment Insurance for each subcontractor you hire on all Wyoming jobs******

4. Provide information on all projects worked in Wyoming within the last 12 months.
(attach additional sheets if needed)

Project Name and Location	Project Start Date	Project End Date	How long was <u>your company</u> on the job?	Amount of Monthly Payroll in Wyoming

5. Is your company currently submitting bids for future projects in Wyoming? Yes No
Please provide all known information about the future project.
(attach additional sheets if needed)

Project Name and Location	Project Start Date	Project End Date	How long was <u>your company</u> on the job?	Amount of Monthly Payroll in Wyoming

6. Who currently provides Workers' Compensation Coverage for your company?

Carrier Name or State _____

Policy or Account Number _____

Does your Policy cover ALL employees who are working in Wyoming? Yes No

If No, and you are in an industry required to have workers' compensation coverage under Wyoming law, you will be required to obtain Wyoming Workers' Compensation for all employees working in Wyoming who are not covered under your existing policy.

*******You must provide proof of WC coverage provided by your insurance company*******