

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

Telephone Company: _____ FEIN: _____

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.*