



Mark Gordon
Governor

State of Wyoming Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION

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Cheyenne, Wyoming 2009
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Robin Sessions Cooley
Director

Elizabeth Gagen, J.D.
Deputy Director

AFFIDAVIT AFFIRMING AMOUNT OF MONTHLY PAYROLL

EMPLOYER: _____ **EMPLOYER #:** _____

Effective July 1, 2018, Wyoming Workers' Compensation modified its requirements for Non-Resident Employer Collateral Requirements. A Surety Bond, Letter of Credit, or an Advance Cash Premium is not required for employers with an average monthly payroll of \$4,000.00 a month or less.

Read the following statements and sign the affidavit below. Submit the signed copy to any of the Division's field offices or send to:

**WYOMING WORKERS' COMPENSATION
EMPLOYER SERVICES – TAX DIVISION
5221 YELLOWSTONE ROAD
CHEYENNE WY 82009**

I, the undersigned, do affirm that total monthly (or anticipated payroll) for this account is
\$ _____.

If the total monthly payroll exceeds \$4,000.00, I do hereby acknowledge that a Surety Bond, Letter of Credit, or an Advance Cash Premium will be furnished to all Departments of Workforce Services.

Print Name Title

Signature Date

Penalty for Failure to Post Bond:

Wyoming Statute 27-14-307 states "The willful failure of any nonresident employer in a covered employment to give bond or other security required by this act constitutes a misdemeanor, punishable by a fine of not more than five thousand dollars (\$5,000.00), imprisonment for not more than one (1) year, or both".