

WYO 065

# Payment Coupon

07 / 02 / 12

DO NOT USE THIS FORM AS A SUBSTITUTE  
FOR THE SUMMARY REPORT



Business Name

Check #

Quarter/Year

WC Employer #

WC Amount Due - \$

Check Amount - \$

**State Use Only**

Payroll Report ID #

Payment Type

Initials

Date Received

Postmark  
Date

Make checks payable to:

<http://www.wyomingworkforce.org/>

**Wyoming Department of Workforce Services**

Division of Workers' Compensation

Employer Services

P O Box 20006

Cheyenne WY 82003

FISCAL

INTERNET

