

**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 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 Wyoming Relay, Division of Vocational Rehabilitation, **(Note new address): 444 West Collins Drive Suite 1200, Casper, Wyoming 82601.**

The State of Wyoming Tax Identification Number is 83-0208667.

FOR INTERNAL  
USE ONLY: