



Wyoming Department of Revenue
 Excise Tax Division
 122 W. 25th Street, Herschler Bldg.
 Cheyenne, Wyoming 82002-0110
<http://revenue.wyo.gov>

Department Use Only
 RID: _____

Electric Generation Tax

ALL LINES MUST BE COMPLETED IN ORDER TO PROCESS THIS REGISTRATION

1. Ownership Name: _____ (1) _____
(federal identification number)
2. Date electricity was first produced from wind resources ___/___/____ (1) _____
(date and state of incorporation)
3. DBA/Doing Business As Name: _____
4. Mailing Address: _____
Street or PO Box City State Zip Code
5. Location Address: _____
Street City State Zip Code
6. Internet E-Mail Address: _____ @ _____
7. Business Telephone Number: () _____ - _____ (800) _____ - _____ Fax No: () _____ - _____
8. Authorized Contact: _____ Phone Number: () _____ - _____
9. Does this business have a Wyoming Sales Tax License? Yes _____ No _____
10. If so please enter license number here: _____

Note: Original Signature(s) are required for all ownership types. The business owner must sign for the individual ownership, all partners must sign for partnerships, one major officer for a Corporation, one member or manager a Limited Liability Company and Limited Partnership. Attach an additional signature page if needed. Signatures must be original.

A. Print Name: _____ Address: _____ SSN: _____	Signature _____ City: _____ State _____ Zip _____ Title _____
B. Print Name: _____ Address: _____ SSN: _____	Signature _____ City: _____ State _____ Zip _____ Title _____
C. Print Name: _____ Address: _____ SSN: _____	Signature _____ City: _____ State _____ Zip _____ Title _____

**Don't forget! *To complete all lines of this application in its entirety, including all required signatures.
 *For assistance completing the application please call (307) 777-5200.**