



0-0-701-099

Wyoming Department of Revenue

Excise Tax Division
122 West 25th Street, Suite E301
Herschler Bldg East
Cheyenne, Wyoming 82002
<http://revenue.wyo.gov>

Construction Project and General Contractor Registration

Please note that the general contractor must complete and remit this form to the above address within 15 Days of the project start date.

Project Information:

1. Project Name _____
2. Physical Address of Project: _____
3. Project Owner: _____
4. Total Project/Contract Amount: _____
5. Anticipated Start Date: _____ Anticipated Completion Date: _____

General Contractor Information:

6. General Contractor Legal Name: _____ FEIN/SS# _____
7. Mailing Address: _____
8. City, State, Zip: _____
9. Phone Number: _____ (800)Number _____ Fax# _____
10. Contact Person: _____
11. E-Mail Address: _____
12. Will there be any non-resident subcontracts on this project? Yes _____ No _____
13. Describe your scope of work: _____
(remodel, renovation, new construction, office bldg. etc.)

Note: You must enclose a copy of the bid that describes the scope of work you were contracted to perform.

We have been contracted by: _____ to be the General Contractor for the project identified above.

We estimate the materials for this project will be: \$ _____

I declare under penalty of perjury m the information provided above is correct and complete.

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____