

Form 41-1

Wyoming Sales & Use Tax Return for Licensed Vendors

Wyoming Dept of Revenue
122 W 25th St, 2W
Cheyenne, WY 82002-0110

For Dept Use Only

Please use black ink to complete form

Name & Address	SST ID:	Ownership RID:
	License Number:	
	Report Period: _____ through _____	
	Return Due Date:	
	<input type="checkbox"/> Check here if this is an amended return	<input type="checkbox"/>
	<input type="checkbox"/> Check here if no sales or taxes to report	<input type="checkbox"/>

Part I - Summary - Do not use dollar signs, commas or periods

(Dollars) (Cents)

- Line A. Gross Sales & Services (Total Sales)
- Line B. Total Deductions (Sales & services which are exempt or not taxed)
- Line C. Net Taxable Sales & Services (Line A minus Line B)
- Line D. Jurisdictional Taxes Due (Part II, Line M)
- Line E. Lodging Tax Due (Complete Part IV supplement if any lodging taxes due, otherwise enter zero)
- Line F. Total Taxes Due (Line D plus Line E)
- Line G. Vendor Compensation Credit
- Line H. Penalties, Interest or Dept. of Revenue Billing (See instructions)
- Line I. Credit Memo from Dept. of Revenue (See instructions)
- Line J. Total Amount Due (Subtract Line G from F, then Add Line H and Subtract Line I)

Part II - Jurisdictional Tax Information

(Col 1) Jurisdiction Name Code	(Col 2) Jurisdiction Digit Code	(Col 3) Tax Rate % in Effect	(Col 4) Sales Tax Due	(Col 5) Use Tax Due	(Col 6) Excess Tax Due	(Col 7) Net Tax Due (Add Columns 4, 5, & 6)
		%				
		%				

Line K. Total Net Tax (Add totals in Column 7)

Total Number
Supplemental
Pages Included

Line L. Sum of Line 1 results from all Part III Supplemental Pages

Line M. Total Jurisdictional Tax Due (Add Lines K & L. Enter results here & on Part I, Line D)

Please attach an additional page with any changes pertaining to: address, ownership or contact information changes.

Signature: _____

I declare, under penalty of perjury, that I have examined this return and to the best of my knowledge and belief it is correct and complete.

Date business permanently closed: _____

Date: _____

Title: _____

Phone Number: _____

Name (Printed): _____

