

Form 42-1

Wyoming Sales & Use Tax Return for Annual 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"/> Check here if no sales or taxes to report

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 K)
- Line E.** Vendor Compensation Credit
- Line F.** Penalties, Interest or Dept. of Revenue Billing (See instructions)
- Line G.** Credit Memo from Dept of Revenue (See instructions)
- Line H.** Total Amount Due (Subtract Line E from Line D, Add Line F, then subtract Line G)

Part II - Jurisdictional Tax Information - Do not use dollar signs, commas or periods

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8
Jurisdiction Name Code (Use CAPS)	Jurisdiction Digit Code	Tax Rate % in Effect	Select quarter(s) where taxes were collected at rate in Column 3 Q1 Q2 Q3 Q4	Sales Tax Due	Use Tax Due	Excess Tax Due	Net Tax Due (Add Columns 5, 6, & 7)
		%					
		%					
		%					
		%					

Total Number Supplemental Pages Included with This Return	Line I. Total Net Tax (add totals in Column 8)
	Line J. Sum of Line 1 results from all Part III Supplemental Pages
	Line K. Total Jurisdictional Tax Due (Add Lines I & J. Enter results here & in Part I, Line D)

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

Signature: _____ Date: _____

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. Title: _____

Date business permanently closed: _____ Phone Number: _____

Name (Printed): _____