

Form 43-1

Wyoming Sales Tax Return for Occasional 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

Ownership RID: _____

License Number: _____

Report Period: _____ through _____

Return Due Date: _____

Check here if this is an amended return →

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
- 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 L)
- Line E.** NOT USED
- Line F.** NOT USED
- Line G.** Penalties, Interest or Dept. of Revenue Billing (See instructions)
- Line H.** Credit Memo from Dept. of Revenue (See instructions)
- Line I.** Total Amount Due (Add Lines D & G, then subtract Line H)

Part II - Jurisdictional Tax Information

(Column 1) Jurisdiction Name Code (Use CAPS)	(Column 2) Jurisdiction Digit Code	(Column 3) Tax Rate % in Effect	(Column 4) Sales Tax Due	(Column 5) NOT USED	(Column 6) Excess Tax Due	(Column 7) Net Tax Due (Add Columns 4 & 6)
		%				
		%				
		%				
		%				

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

Total Number
Supplemental
Pages Included

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

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

Please check appropriate box for:

- Location Address Change? →
- Mailing Address Change? →
- Ownership Change? →
- Authorized Contact Change? →

Changed Information:

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: _____

Title: _____

Phone Number: _____

Name (Printed): _____