



MINERAL TAX PAYMENT TRANSMITTAL

TAXPAYER
NAME:

TAXPAYER'S OPERATOR ID:

AMOUNT REMITTED: \$

Contact Person
or Agent:

Address:

City: State: Zip:

Telephone Number:

Fax Number:

E-Mail Address:

Use this form to accompany a mineral tax payment. Mail form and payment to:

Wyoming Department of Revenue

Mineral Tax Division

122 W 25th Street

Cheyenne, WY 82002-0110