FORM 1

## MINERAL TAXPAYER REGISTRATION/CHANGE

TAXPAYER NAME:	
TAXPAYER'S OPERATOR ID:	
SEVERANCE TAX ADDRESS	
Contact Person/Agent:	
Mailing Address:	
City:	State: Zip:
Telephone Number:	
Fax Number:	
E-Mail Address:	
GROSS PRODUCTS TAX ADDRESS	
Contact Person/Agent:	
Mailing Address:	
City:	State: Zip:
Telephone Number:	
Fax Number:	
E-Mail Address:	

Use this form to register as a mineral taxpayer or to change a correspondence address. Mail or fax completed form to:

Wyoming Department of Revenue Mineral Tax Division 122 W 25th Street Cheyenne, WY 82002-0110 fax: (307) 777-7849

NOTE: if both the Severance Tax Address, and the Gross Products Tax Address boxes are not completed, it will be assumed that the contact person and address are the same for both taxes.