

## Wyoming Department of Workforce Services

**Out of State Employer Questionnaire**Email: [DWS-UI-OSO@wyo.gov](mailto:DWS-UI-OSO@wyo.gov) (attach completed form(s) to email message)

Fax: (307) 235-3278

Mail: Unemployment Insurance Tax Division

Attn: Registration Unit

P.O. Box 2760

Casper, WY 82602

Company Name (Legal Business Name): \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***A physical address in Wyoming is REQUIRED – DO NOT USE your Registered Agent's address or a PO Box. Your application cannot be processed without a valid physical Wyoming address.***

1. Does your company have a Wyoming resident performing services for your company in Wyoming?

Type of location:     Home     Office

Address: \_\_\_\_\_

2. Has your company been awarded the contract for a project in Wyoming?                      Yes  No

If Yes:

What is the project name and location? \_\_\_\_\_

Start Date: \_\_\_\_\_

How long will this project last? \_\_\_\_\_

How long will your company be working at this location? \_\_\_\_\_

Is this a public works job?    Yes  No

Will your company hire Wyoming residents to work on the project?                      Yes  No

Date of first payroll: \_\_\_\_\_

Does your company expect to pay salaries over \$10,000 per month for work

performed in Wyoming?                      Yes  No

3. Is your company the General Contractor on this project?                      Yes  No

(Please provide a list of all subcontractors. The list must include name, address and contact name and phone number for all subcontractors)

**\*\*\*\*You are responsible to obtain a current Certificate of Good Standing for Unemployment Insurance for each subcontractor you hire on all Wyoming jobs\*\*\*\***

4. Provide information on all projects worked in Wyoming within the last 12 months.  
**(attach additional sheets if needed)**

Project Name and Location	Project Start Date	Project End Date	How long was <u>your company</u> on the job?	Amount of Monthly Payroll in Wyoming

5. Is your company currently submitting bids for future projects in Wyoming? Yes  No   
Please provide all known information about the future project.  
**(attach additional sheets if needed)**

Project Name and Location	Project Start Date	Project End Date	How long will <u>your company</u> be on the job?	Amount of Monthly Payroll in Wyoming

6. Who currently provides Workers' Compensation Coverage for your company?

Carrier Name or State \_\_\_\_\_

Policy or Account Number \_\_\_\_\_

Does your Policy cover ALL employees who are working in Wyoming? Yes  No

If No, and you are in an industry **required** to have workers' compensation coverage under Wyoming law, you will be required to obtain Wyoming Workers' Compensation for all employees working in Wyoming who are not covered under your existing policy

**\*\*\*\*\*You must provide proof of WC coverage provided by your insurance company\*\*\*\*\***