

**State of Wyoming
Telecommunications for the Communications Impaired Act
Wyoming Relay Service Fund
Special Fee Remittance**

Telephone Company:

Communities Served:

Report for Month Ending:

Total number of access lines subject to special fee:	\$ _____
	x \$0.06

TOTAL:	\$ _____
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Less: Uncollectible Amounts (if any), Adjustments:	\$ _____
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Subtotal:

Less: 1% Administrative Fee if authorized (subtract 1% of above subtotal)	\$ _____
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TOTAL DUE:	\$ _____
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Name, Address and Phone Number of Preparer

Date

The number of local exchange access lines is calculated and billable on a monthly basis. The proceeds from the special fee shall be remitted to the Division of Vocational Rehabilitation monthly no later than thirty days after the end of the month in which they were collected.

This form shall be completed and mailed, along with your check, to the Division of Vocational Rehabilitation, Department of Workforce Services, 1100 Herschler Building, Cheyenne, Wyoming 82002. Make check payable to the Wyoming State Treasurer. The State of Wyoming Tax Identification Number is 83-6000291.

TRSCarge.doc

FOR TREASURER'S USE
ONLY.

Check No. _____

Date Posted: _____
