Form 41-1

Wyoming Sales & Use Tax Return for Licensed Vendors Wyoming Dept of Revenue 122 W 25th St, 2W Cheyenne, WY 82002-0110

For Dept Use Only

SST ID:					Ownership F	RID:			
					License Number:				
Name & Address	A Test	t Company	7		Report Perio	Report Period: through 1/1/2017 12/31/201 Return Due Date:			
	100 Ma	ain				Check here if this is an amended return			
	Anywhe	ere, WA 9	98070	o sales or taxes to report					
Part I -	Summ	ary - Do	not use	dollar signs, com	mas or periods	5	(Dollars) (Cer	nts)	
Line A.	Gross Sale	es & Service	es (Total Sale	s)				300.0	
Line B.	Γotal Dedu	ictions (Sal	es & services	which are exempt or no	ot taxed)		Ş.	300.0	
Line C. 1	Net Taxab	le Sales & S	Services (Line	A minus Line B)					
			oue (Part II, Li					300.0	
				/ supplement if any lodg	ing taxes due othen	vise enter zero)		\$15.2	
					mig tance due, emer				
			D plus Line	L)				\$15.2	
		mpensatio							
Line H. I	Penalties,	Interest or	Dept. of Reve	nue Billing (See instruc	tions)				
Line I.	Credit Mer	no from De	pt. of Revenu	e (See instructions)					
Line J.	Total Amo	unt Due (Su	ubtract Line G	from F, then Add Line	H and Subtract Line I)		\$15.2	
Part II	- Jurisc	dictional	Tax Info	rmation					
(Col Jurisdic Name C	tion J	(Col 2) urisdiction Digit Code	(Col 3) Tax Rate % in Effect	(Col 4) Sales Tax Due	(Col 5) Use Tax Due	(Col 6) Excess Tax Due	(Col 7) Net Tax Due (Add Columns 4, 5, &	6)	
OSH		00	5.25%	\$5.25	\$0.00			\$5.2	
REM		00	5.00%	\$10.00	\$0.00			\$10.0	
				Line K. To	al Net Tax (Add total	s in Column 7)		C1 F 0	
Total Number Line L. Sum of Line 1 results from all Part III Supplemental Pages						mental Pages		\$15.2	
Suppleme Pages Inc	ntal		Line M.		\$0.0 \$15.2				
	attach an	additional	page with a	ny changes pertainin	g to: address, own	ership or conta	act information changes.		
Please a						Date:	Action (Control of the Control of th		
Signatui I declare,	under pena		, that I have ex t is correct and	amined this return and to the	ne Phone Nu	Title:			

***** TAXPAYER WORKING COPY/DO NOT FILE *****

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Please u	ıse black iı	nk to com	plete form					
SST ID:			Ownership F	Ownership RID:				
				License Number:				
Z				Report Perio	d:	through		
me &				Return Due	Date:			
Name & Address					Check here if t	his is an amended	return	
SS					Check here if n	o sales or taxes to r	eport	
Part I - Sum	nmary - Do	not use	dollar signs, con	nmas or periods	5	(Dollars)	(Cents	
ine A. Gross	Sales & Service	es (Total Sale	es)					
.ine B. Total D	eductions (Sal	es & services	which are exempt or n	ot taxed)				
.ine C. Net Ta	xable Sales & S	Services (Line	e A minus Line B)					
_ine D. Jurisdio	ctional Taxes D	ue (Part II, L	ine M)					
.ine E. Lodgin	g Tax Due (Co	mplete Part I	v supplement if any lod	ging taxes due, other	vise enter zero)			
_ine F. Total T	axes Due (Line	D plus Line	E)					
.ine G. Vendo	r Compensation	n Credit						
.ine H. Penalti	es, Interest or I	Dept. of Reve	enue Billing (See instruc	ctions)				
_ine I. Credit	Memo from De	pt. of Revenu	e (See instructions)					
Line J. Total A	mount Due (Su	ıbtract Line G	from F, then Add Line	H and Subtract Line I)			
Part II - Jur	isdictional	Tax Info	rmation					
(Col 1)	(Col 2)	(Col 3)	(Col 4)	(Col 5)	(Col 6)	(Col 7)		
Jurisdiction Name Code	Jurisdiction Digit Code	Tax Rate % in Effect	Sales Tax Due	Use Tax Due	Excess Tax Due	Net Tax E (Add Columns		
			Line K. To	otal Net Tax (Add total	s in Column 7)			
Fatal Niverban		Line L.	Sum of Line 1 results from	om all Part III Suppler	nental Pages			
Supplemental		Line M.		here & c				
Fotal Number Supplemental Pages Included Please attach	an additional		any changes pertainir		ership or conta	ct information cha	inges.	
Supplemental Pages Included Please attach	an additional		any changes pertainir		Date:	ct information cha	inges.	
Supplemental Pages Included Please attach Signature: declare, under p		page with a	amined this return and to t	ng to: address, owne	Date:	ct information cha	inges.	