

# 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

**Please use black ink to complete form**

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

SST ID:	Ownership RID:
	License Number:
Name & Address A Test Company 100 Main Anywhere, WA 98070	Report Period: _____ through _____ 1/1/2017 12/31/2018
	Return Due Date: _____
	<input type="checkbox"/> Check here if this is an amended return <input type="checkbox"/> Check here if no sales or taxes to report

### Part I - Summary - Do not use dollar signs, commas or periods

	(Dollars)	(Cents)
<b>Line A.</b> Gross Sales & Services (Total Sales)		\$300.00
<b>Line B.</b> Total Deductions (Sales & services which are exempt or not taxed)		
<b>Line C.</b> Net Taxable Sales & Services (Line A minus Line B)		\$300.00
<b>Line D.</b> Jurisdictional Taxes Due (Part II, Line M)		\$15.25
<b>Line E.</b> Lodging Tax Due (Complete Part IV supplement if any lodging taxes due, otherwise enter zero)		
<b>Line F.</b> Total Taxes Due (Line D plus Line E)		\$15.25
<b>Line G.</b> Vendor Compensation Credit		
<b>Line H.</b> Penalties, Interest or Dept. of Revenue Billing (See instructions)		
<b>Line I.</b> Credit Memo from Dept. of Revenue (See instructions)		
<b>Line J.</b> Total Amount Due (Subtract Line G from F, then Add Line H and Subtract Line I)		\$15.25

### Part II - Jurisdictional Tax Information

(Col 1) Jurisdiction Name Code	(Col 2) Jurisdiction 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)
GOSH	00	5.25%	\$5.25	\$0.00		\$5.25
FREM	00	5.00%	\$10.00	\$0.00		\$10.00

<b>Line K.</b> Total Net Tax (Add totals in Column 7)	\$15.25
Total Number Supplemental Pages Included <input type="checkbox"/>	<b>Line L.</b> Sum of Line 1 results from all Part III Supplemental Pages
	\$0.00
	<b>Line M.</b> Total Jurisdictional Tax Due (Add Lines K & L. Enter results here & on Part I, Line D)
	\$15.25

Please attach an additional page with any changes pertaining to: address, ownership or contact information changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 I declare, under penalty of perjury, that I have examined this return and to the best of my knowledge and belief it is correct and complete. Phone Number: \_\_\_\_\_  
 Date business permanently closed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

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

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

**Please use black ink to complete form**

Name & Address	SST ID: _____	Ownership RID: _____
		License Number: _____
		Report Period: _____ through _____
		Return Due Date: _____
		<input type="checkbox"/> Check here if this is an amended return <input type="checkbox"/> Check here if no sales or taxes to report

**Part I - Summary - Do not use dollar signs, commas or periods** (Dollars) (Cents)

<b>Line A.</b> Gross Sales & Services (Total Sales)		
<b>Line B.</b> Total Deductions (Sales & services which are exempt or not taxed)		
<b>Line C.</b> Net Taxable Sales & Services (Line A minus Line B)		
<b>Line D.</b> Jurisdictional Taxes Due (Part II, Line M)		
<b>Line E.</b> Lodging Tax Due (Complete Part IV supplement if any lodging taxes due, otherwise enter zero)		
<b>Line F.</b> Total Taxes Due (Line D plus Line E)		
<b>Line G.</b> Vendor Compensation Credit		
<b>Line H.</b> Penalties, Interest or Dept. of Revenue Billing (See instructions)		
<b>Line I.</b> Credit Memo from Dept. of Revenue (See instructions)		
<b>Line J.</b> Total Amount Due (Subtract Line G from F, then Add Line H and Subtract Line I)		

**Part II - Jurisdictional Tax Information**

(Col 1) Jurisdiction Name Code	(Col 2) Jurisdiction 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)

**Line K.** Total Net Tax (Add totals in Column 7)


Total Number Supplemental Pages Included

**Line L.** Sum of Line 1 results from all Part III Supplemental Pages


**Line M.** Total Jurisdictional Tax Due (Add Lines K & L. Enter results here & on Part I, Line D)


Please attach an additional page with any changes pertaining to: address, ownership or contact information changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I declare, under penalty of perjury, that I have examined this return and to the best of my knowledge and belief it is correct and complete. Title: \_\_\_\_\_  
 Date business permanently closed: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name (Printed): \_\_\_\_\_