

Wyoming Department of Transportation  
 Motor Vehicle Services  
 5300 Bishop Blvd.  
 Cheyenne, WY 82009-3340  
 Phone (307) 777-4883  
 Fax (307) 777-4772



**RENTAL VEHICLE AGENCY CERTIFICATE #(s):** \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADD: \_\_\_\_\_  
 C/S/Z: \_\_\_\_\_

PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_

WY Locations: \_\_\_\_\_

**End-of-Year 4% Surcharge and Wyoming Registration Report: July-December 20\_\_\_\_\_**  
 Report and Surcharge Remittal Due on or before January 31, 20\_\_

1	Dollar Amount of Rental Transactions from Mid-Term Report:	_____
2	Dollar Amount of Rental Transactions for July - December, excluding Sales Tax:	_____
3	<b>Total Dollar Amount of Rental Transactions for Calendar Year 20_____:</b>	_____

4	4% Surcharge collected from Mid-Term Report:	_____
5	4% Surcharge Collected for July - December:	_____
6	<b>Total 4% Surcharge Collected during Calendar Year 20_____:</b>	_____

7	Dollar Amount of WY Registration Fees from Mid-Term Report:	_____
8	Dollar Amount of WY Registration Fees for July - December, Total from Sch 2:	_____
9	<b>Total Dollar Amount of WY Registration Fees paid for Calendar Year 20_____:</b>	_____

10	Dollar Amount of 4% Surcharge Remitted for Calendar Year 20_____, Jan. - Dec.	_____
<b>Total Line 6 less Total Line 9:</b>		_____

I hereby swear or affirm under penalty of perjury that all information on this form is true and correct. I, as owner, partner, officer, or other authorized agent of the company; have the authority to sign this report.

Signature: \_\_\_\_\_

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

Preparer Print Name: \_\_\_\_\_

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

Preparer Title: \_\_\_\_\_

Preparer E-Mail: \_\_\_\_\_