

Wyoming Department of Workforce Services

Out of State Employer Questionnaire

The purpose of this form is to help our Department understand the extent of your presence in Wyoming and enable us to make a proper determination on whether or not you are liable to Wyoming for Unemployment Insurance and/or Workers' Compensation taxes. Your cooperation in answering the questions completely will be appreciated and will expedite the processing of your registration.

Complete and Return this form **and** a Joint Business Registration to:

Employer Services ↑ ATTACHED
P.O. Box 2760
Casper, WY 82602

Unemployment Insurance: (307) 235-3217

Workers' Compensation: (307) 777-6763

Your Company Name:

Address:

City State Zip:

Contact Person Name: Phone:

1. 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? <1 to 5 months 6 months 7-12 months or more

How long will your company's work on this project last?

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

Does your company expect to pay salaries over \$10,000 per month for work performed in Wyoming? Yes No

2. Is your company a Subcontractor on this project? Yes No

If yes, who is the general contractor? **Provide business name, address & phone number**

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

If yes, who are the subcontractors? **Provide business name, address and phone number.** (If more than 5 subcontractors, attach additional sheets)

4. Is your company currently working on other projects in Wyoming? Yes No
 If Yes, provide information on each of those projects. **(attach additional sheets if needed)**

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

5. In the last 12 months, how many projects has your company worked in Wyoming?
 Provide information on each project below. **(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

6. Is your company currently submitting bids for future projects in Wyoming? Yes No
 If your company is the successful bidder, how long will each of these projects last?
(attach additional sheets if needed)

Project Name and Location	Approximate duration of the Project	How long would your company be on the job?	Anticipated Monthly Payroll in Wyoming

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

Carrier Name or State:

Policy or Account Number:

Does your Policy cover **Wyoming Residents** 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

Attach proof of WC coverage provided by your insurance company.