



State of Wyoming Department of Workforce Services



Workers' Compensation Division

PO Box 20006

Cheyenne, WY 82003-7000

307-777-6763 ■ Fax: 307-777-5298

www.wyomingworkforce.org

Mark Gordon
Governor

Robin Sessions Cooley
Director

The Department of Workforce Services Workers' Compensation Division received information that you employ workers in Wyoming.

GENERAL INFORMATION

Legal Entity Name _____

Trade Name or Doing Business As (DBA) _____

Federal Employer Identification Number (FEIN) _____

Type of Organization:

- Individual Ownership Corporation LLC-Individual LLC-Partnership
- LLC-Corporation Partnership Limited Partnership Local Government _____
- Association Limited Liability Partnership Limited Liability Limited Partnership _____
- Other _____

Complete this section if you selected Corporation, LLC-Individual, LLC-Partnership, LLC-Corporation, Limited Partnership, Limited Liability Partnership, or Limited Liability Limited Partnership as the type of organization.

State of Incorporation _____

Charter Status: Active Date of Incorporation _____
 Dissolved Date of Dissolution _____

For Owners/Officers/Entity Members only:

Do you wish to elect Workers' Compensation coverage for Owners/Officers/Entity Members? Yes No

-If yes a form will be mailed to you which must be signed and returned.

REASON FOR UPDATE

- We have an existing Workers' Compensation account in need of information update.
- Requesting reactivation of existing Workers' Compensation account.
- Change of Entity - example: change from sole owner to corporation
- Reorganization
- Acquired/Purchased an existing business

EMPLOYER ENTITY INFORMATION

Have you hired or do you plan to hire Wyoming Residents? Yes No

If yes, provide the first hire date _____

Have you hired or do you plan to hire employees to work primarily in Wyoming?

If yes, provide the first hire date _____

EMPLOYER ENTITY INFORMATION (cont.)

Please describe the functions of the business in the state of Wyoming.

BUSINESS/MAILING LOCATION INFORMATION

Enter the physical Wyoming location’s address. It is required you provide a valid Wyoming physical location. **Do not** use the address of a registered agent or a post office box.

Wyoming Physical Location Address

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Number of employees at this location _____

Mailing Address

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Number of employees at this location _____

Claims Mailing Address Same as Mailing

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____

Payroll Records Mailing Address Same as Mailing

Attn _____
Care Of _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____

OWNER/OFFICER INFORMATION (owner, partner, officer, member, other): _____

Provide additional owners on a separate piece of paper.

Type of Owner: Individual

Social Security No. _____
First Name _____
Middle Initial _____
Last Name _____
Suffix _____
Job Title _____
Term Begin Date _____
Term End Date _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Phone Number _____
E-mail Address _____

Type of Owner: Entity

Social Security No. _____
First Name _____
Middle Initial _____
Last Name _____
Suffix _____
Job Title _____
Term Begin Date _____
Term End Date _____
Address Line 1 _____
Address Line 2 _____
City _____
State _____ ZIP _____
Phone Number _____
E-mail Address _____

PREVIOUS OWNER/OPERATOR INFORMATION

Did you acquire (purchase, inherit, etc.) this business? Yes No

If Yes, provide details about the previous owner:

- a. Federal Identification Number (FEIN) _____ and SUTA Number _____
- b. Entity Name of the business acquired _____
- c. Previous Owner's Current Address
 Attention _____
 Care Of _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ State/Province _____ ZIP Code _____
 Country _____
- d. Telephone Number _____
- e. Previous Owner's Business: Closed Continued Unknown
- f. Indicate the percentage acquired _____%
- g. Acquisition Date _____
- h. Did you continue the previous owner's business in Wyoming without interruption? Yes No
- i. Did you acquire multiple businesses on the same day? Yes No
- j. Did multiple businesses acquire the previous owner on the same day? Yes No
- k. Is there common ownership, management or control with the previous business owner/operator? Yes No

NEW OWNERS, PARTNERS, or OFFICERS

Name _____
 Address _____
 City, State, ZIP _____

Name _____
 Address _____
 City, State, ZIP _____

PREVIOUS OWNERS, PARTNERS, or OFFICERS

Name _____
 Address _____
 City, State, ZIP _____

Name _____
 Address _____
 City, State, ZIP _____

SUBMITTED BY:

First Name _____
 Middle Initial _____
 Last Name _____
 Job Title _____
 Contact Number _____
 E-mail Address _____

Signature of Person Completing this Form *Date*

For assistance or questions regarding Workers' Compensation, please contact (307) 777-6763.