



Wyoming Secretary of State
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For Office Use Only

Annual Report Overpayment Verified Claim Form

ID#:

Name and Address of Entity:

Name:

Address:

The above entity is requesting a refund in the amount of \$ _____ for the _____ Annual
(dollar amount) (year)

Report as evidenced by the attached documentation. **The reason for requesting the refund is as follows:**

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name:

Title:

State of _____ County of _____

The foregoing instrument was acknowledged before me by _____
Signatory's Printed Name

Notary Public's Signature

Notary Date (mm/dd/yyyy)

Notary's Commission Expiration

Notarial Seal: