

Wyoming Bean Commission - Assessment Form

Quarter Reporting _____ **20** _____

After completion, mail with remittance to:

Wyoming Department of Agriculture
Attn: Wyoming Bean Commission
2219 Carey Avenue
Cheyenne, WY 82002-0100

Dept use only
Pay
Reconcile
Date

This form must be received at the WDA/WBC office with payment no later than 15th day of the month following the end of the quarter

Name

Address

City, State, Zip

Date

	Settlement Total	Rate	Total collected
Beans Purchased this Quarter	<input type="text"/>	0.0051	\$ <input type="text"/> -
Total amount remitted			\$ <input type="text"/> -

Signature of person completing form:

Title: _____

Phone: _____

Please list the Name(s) of Growers & Address on next page.

