


 DEPARTMENT OF
EMPLOYMENT SECURITY

1234 South Main Street - Salt Lake City, Utah 84111

P.O. Box 11800

STATUS REPORT

Copy

To complete this report properly, please read instructions on reverse side. COMPLETE ALL ITEMS.

1. Type of ownership <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input checked="" type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify)				
2. Name of owner, names of partners, or names of corporate officers H. Tracy Hall, Pres. & Director Charlotte Hall, Director Ida-Rose L. Hall, Sec. - Treas & Director				
3. Corporation name, trade name or business name H. Tracy Hall, Inc.				
4. Mailing address (number and street, city, state and zip code) P.O. Box 7533, University Station, Provo, UT 84601				
5. Address of establishment or agent in Utah if different from above 1190 Columbia Ln. Provo, UT 84601				
6. Date above owner began operating in Utah 30 Aug 1972		7. Federal Employer Identification Number 870-293951		
8. <input type="checkbox"/> a. Business acquired from another operator <input checked="" type="checkbox"/> b. New business in Utah - omit Items 9, 10 & 11				
9. Name and address of previous operator				
10. Did you acquire assets from previous operator? <input type="checkbox"/> a. No <input type="checkbox"/> b. Yes If yes complete following: <input type="checkbox"/> All of previous operator's assets. <input type="checkbox"/> _____% of previous operator's assets.				
11. Did previous operator continue to operate a business after the transfer? <input type="checkbox"/> a. No <input type="checkbox"/> b. Yes - enter name and address of business retained				
12. Enter below the amount of wages you have paid in Utah during each calendar quarter since you commenced or acquired the business. IF YOU HAVE PAID NO WAGES, ENTER THE WORD 'NONE'. (See instructions for definition of wages.)				
Year	Jan. 1 to March 31	April 1 to June 30	July 1 to Sept. 30	Oct. 1 to Dec. 31
1972	none	none	none	
13. If you have not paid wages totaling \$140.00 or more during any calendar quarter, do you expect to pay that amount in a future quarter? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - show quarter ending date <u>Dec 31</u> It is your responsibility to notify this Department if you become a 'Subject Employer' at a later date.				
14. Describe your principal business activity (See instructions) Research & Development In Science & Engineering				
15. County in Utah in which your principal activity is located Utah			16. Average number of employees 1	

17. I certify that the information contained in this report is true and correct:

Signed H. Tracy Hall Title President Date 5 Oct 1972

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____



DEPARTMENT OF
EMPLOYMENT SECURITY

IN REPLY REFER TO
FILE

3:NMV

1234 SOUTH MAIN STREET - P.O. BOX 11800 - SALT LAKE CITY, UTAH 84111 - TELEPHONE 322-1433

A DIVISION OF
THE INDUSTRIAL COMMISSION

CURTIS P. HARDING
ADMINISTRATOR

September 27, 1972

H. Tracy Hall, Inc.
1711 North Lambert Lane
Provo, Utah 84601

Gentlemen:

Status

We are enclosing two copies of Form 1, "Status Report", as mentioned in your telephone call to our office. Will you please complete this report covering your business activities and submit one copy to our office on or before October 12, 1972.

If, upon receipt of this completed report in our office, it is determined that you have become a subject employer under the provisions of the Utah Employment Security Act, we will establish an account for you in our records. The necessary contribution reports will be mailed to you at the end of each calendar quarter.

Very truly yours,

Ned M. Vowles
Status Supervisor

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enclosures