

**NOTICE OF EMPLOYER  
IDENTIFICATION NUMBER**

Please make a separate record of  
this number for use in case this  
notice should be lost or destroyed

QW 57374  
Lia: Oct 72  
Pd. \$160.00

**H. TRACY HALL, INC.**  
1190 COLUMBIA LANE  
P. O. BOX 7533 UNIV. STA.  
PROVO, UTAH 84601

The identification number shown above will be used by the Utah State Tax Commission to identify your State tax return, and other documents, i.e., 96, 96A, 99's, etc., and your payments of the taxes reported on such returns. Your Identification Number should be shown on such returns, documents, and on any related forms or correspondence.

If you change your address, please report the new address to the State Tax Commission. You should continue to use the same Identification Number even though you change the address of your principal place of business.

**PLEASE KEEP FOR YOUR FILES.**

**DO NOT DETACH ANY PART OF THIS FORM.  
SEND ALL COPIES TO UTAH STATE TAX COMMISSION**

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PLEASE LEAVE BLANK

1. NAME (TRUE NAME AS DISTINGUISHED FROM TRADE NAME)			4. COUNTY		
2. TRADE NAME, IF ANY (ENTER NAME UNDER WHICH BUSINESS IS OPERATED, IF DIFFERENT FROM ITEM 1)			7. DO YOU HAVE EMPLOYEES IN UTAH		
3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (IN U.S. STATE, CITY, STATE, ZIP CODE)			8. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
5. CHECK (X) TYPE OF ORGANIZATION (IF "OTHER" SPECIFY, SUCH AS "ESTATE," ETC.)			9. DO YOU EMPLOY UTAH RESIDENTS TO WORK IN ANOTHER STATE?		
INDIVIDUAL <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
7. LIST NAMES AND ADDRESSES OF OFFICERS			12. NATURE OF BUSINESS		
PRESIDENT: H. TRACY HALL 1711 N. LAMBERT LN. PROVO			RESEARCH		
VICE PRESIDENT:			14. ARE YOU SUBJECT TO COLLECTED SALES TAX? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
SECRETARY: IDA ROSE L. HALL			IF SO, HAVE YOU APPLIED FOR OR RECEIVED A SALES TAX LICENSE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
8. REASON FOR APPLYING			10. DATE YOU ACQUIRED OR STARTED BUSINESS		
NEW BUSINESS <input checked="" type="checkbox"/> REINSTATEMENT <input type="checkbox"/> PURCHASED GOING BUSINESS <input type="checkbox"/>			MO. 8 DAY 30 YR. 72		
11. SHOW DATE OF FIRST WAGES SUBJECT TO FEDERAL WITHHOLDING PAID TO UTAH RESIDENTS			13. IS YOUR WITHHOLDING EXPECTED TO BE \$100 OR MORE PER MONTH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
expected 31 Oct 72			IF YES, PAYMENTS ON A MONTHLY BASIS WILL BE REQUIRED.		

DATE 5 Oct 1972	SIGNATURE H. Tracy Hall	TITLE President
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