

UTAH DEPARTMENT OF EMPLOYMENT SECURITY

1234 SOUTH MAIN STREET, P O BOX 11800, SALT LAKE CITY, UTAH 84111

EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

4TH QUARTER 1972 DELINQUENT AFTER JANUARY 31, 1973

1. EMPLOYER'S UTAH REGISTRATION NUMBER, NAME AND ADDRESS: (IF INCORRECT MAKE NECESSARY CHANGES. INCLUDE ZIP CODE.)

10 01 72 25 7991 73071
H TRACY HALL INC
P O BOX 7533 UNIVERSITY STA
PROVO UTAH 84601

AUDITED
☐ REFUND ☐ DEFY
CONTR. _____
INT. _____
PEN'Y. _____
TOTAL _____

CONTRIBUTION RATE 2.7%

2. ENTER NUMBER OF COVERED WORKERS IN UTAH WHO WORKED DURING OR RECEIVED PAY FOR ANY PART OF THE PAY PERIOD WHICH INCLUDED THE 12TH OF EACH MONTH. SEE INSTRUCTION C.

1ST MONTH
2ND MONTH
3RD MONTH
2

COMPUTATION OF PAYMENT

4. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR. \$ 2600
5. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F. \$
6. NET TAXABLE WAGES PAID THIS QUARTER. \$ 2600
7. CONTRIBUTION DUE THIS QUARTER. MULTIPLY ITEM 6 BY RATE ABOVE. \$ 70 20
8. INTEREST IF CONTRIBUTION IS DELINQUENT --- 1% PER MONTH. \$
9. PENALTY IF DELINQUENT --- NOT LESS THAN \$2.50 --- SEE INSTRUCTION H. \$
10. TOTAL PAYMENT --- ADD ITEMS 7, 8 & 9 \$ 70 20

11. ARE THERE INCLUDED IN ITEM 4 BONUSES OR LUMP-SUMS PAID FOR A PERIOD OF SERVICE OF MORE THAN 3 MONTHS?
YES ☐ NO ☒
IF YES LIST AMOUNT OF PAYMENT - SEE INSTRUCTION L BEFORE COMPLETING.

3. ENTER NUMBER OF NEW HIRES MADE IN UTAH. DURING THE QUARTER. SEE INSTRUCTION D.

2

PERIOD OF SERVICE FOR WHICH BONUS OR LUMP SUM PAYMENT WAS PAID.
FROM: _____
TO: _____

QUARTERLY TOTAL

ITEMS 2 & 3 MUST BE COMPLETED.

MAKE CHECKS PAYABLE TO UTAH UNEMPLOYMENT COMPENSATION FUND
DO NOT MAKE ADJUSTMENTS HEREON FOR CORRECTION OF PRIOR QUARTERS - SEE INSTRUCTION J.

12. EMPLOYEE'S SS NO.	13. NAME OF EMPLOYEE	14. TOTAL WAGES PAID
529 07 9801	H. TRACY HALL	2400 00
529 10 1716	IDA-ROSE L. HALL	200 00

FOR AGENCY USE ONLY

PD check
141
5 Jan 1973

16. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 4. 15. TOTAL WAGES THIS PAGE 2600 00

A REPORT MUST BE FILED. IF YOU PAID NO WAGES, WRITE "NONE" IN ITEM 4, SIGN AND RETURN.
I CERTIFY THE INFORMATION CONTAINED ON THIS REPORT AND ATTACHMENTS IS TRUE & CORRECT.

SIGNED H. Tracy Hall TITLE President DATE 5 Jan 1973

EMPLOYER - KEEP THIS COPY