FORM 3, REV 7-1-71

SIGNED

EMPLOYER - KEEP THIS COPY

UTAH DEPARTMENT OF EMPLOYMENT SECURITY

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

EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

	2ND QUARTER		DELINQUENT AFTER		, 197	
10 01 72 H TRACY HALL I P D BDX 7533 U PROVO UTAH	25 739 NCORPORATE	91 73071 ED	KECT MARE NECESSARY CHANGES.	INCLUDE ZIP CODE.)		AUDITED REFUND DEFT CONTR
CONTRIBUTION RATE 2.7%						TOTAL
DO NOT MAKE ADJ		4. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR. 5. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F. 6. NET TAXABLE WAGES PAID THIS QUARTER. 7. CONTRIBUTION DUE THIS QUARTER, MULTIPLY ITEM 6 BY RATE ABOVE. 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		s None		III. 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 BEFORE COMPLETING. PERIOD OF SERVICE FOR WHICH BONUS OR LUMP SUM PAYMENT WAS PAID.
16. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 4.			15. TOTAL WAGES THIS PAGE	Vine	- 7	
A REPORT MUST BE FI			GES, WRITE "NONE" IN S IS TRUE & CORRECT.	Pres		JRN.