

UTAH DEPARTMENT OF EMPLOYMENT SECURITY

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

EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

3RD QUARTER 1973 DELINQUENT AFTER OCT 31, 1973

July
aug
sept

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

10 01 72 25 7391 73071
H TRACY HALL INCORPORATED
P O BOX 7533 UNIVERSITY STA
PROVO UTAH 84602

AUDITED
☐ REFUND ☐ DEFY
CONTR. _____
INT. _____
PEN'Y. _____
TOTAL _____
NO. _____

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 0
2ND MONTH 0
3RD MONTH 0

COMPUTATION OF PAYMENT

4. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR. \$ 377
5. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F. \$ 0
6. NET TAXABLE WAGES PAID THIS QUARTER. \$ 377
7. CONTRIBUTION DUE THIS QUARTER, MULTIPLY ITEM 6 BY RATE ABOVE. \$ 10 18
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 \$ 10 18

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.

3

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	
545	68	4324	Ronald E. Reichert	188	00
215	52	7415	John D. Sabier	93	10
516	66	1554	Wes Liffert	96	25

FOR AGENCY USE ONLY

Pd chk
291
5 Oct 1973

16. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 4. 15. TOTAL WAGES THIS PAGE 377 35

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 J Hall TITLE Pres DATE 5 Oct 1973

EMPLOYER - KEEP THIS COPY

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