

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 1973 DELINQUENT AFTER JAN 31, 1974

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. _____

PENY. _____

TOTAL _____

NO. _____

CONTRIBUTION RATE

2.7%

ITEMS 2 & 3 MUST BE COMPLETED.

COMPUTATION OF PAYMENT

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 2
2ND MONTH 2
3RD MONTH 2

5. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR.

\$ 1248.50

6. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F.

\$

7. WAGES SUBJECT TO CONTRIBUTION ITEM 5 MINUS ITEM 6.

\$ 1248.50

8. CONTRIBUTION DUE THIS QUARTER, MULTIPLY ITEM 7 BY RATE ABOVE.

\$ 33.71

9. INTEREST IF CONTRIBUTION IS DELINQUENT --- 1% PER MONTH OF ITEM 8.

\$

10. PENALTY IF DELINQUENT --- NOT LESS THAN \$2.50 --- SEE INSTRUCTION H.

\$

11. TOTAL INTEREST AND PENALTY PAID - SUM OF ITEMS 9 & 10.

\$

12. CREDIT BALANCE ADJUSTMENT PER AGENCY RECORDS. (SEE INSTRUCTION G)

\$XXXXXXXXXXXXXX

13. TOTAL PAYMENT - SUM OF ITEMS 8 & 11 MINUS ITEM 12.

\$ 33 71

14. 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.

FROM: _____

TO: _____

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

QUARTERLY TOTAL OF NEW HIRES

0

4. IF YOU NO LONGER HAVE EMPLOYEES IN UTAH CHECK HERE - ☐ COMPLETE ITEMS ON REVERSE SIDE OF ORIGINAL.MAKE CHECKS PAYABLE TO UTAH UNEMPLOYMENT COMPENSATION FUND
DO NOT MAKE ADJUSTMENTS HEREON FOR CORRECTION OF PRIOR QUARTERS - SEE INSTRUCTION J.

Paid check # 375

9 Jan 1974

15. EMPLOYEE'S SS NO.			16. NAME OF EMPLOYEE	17. TOTAL WAGES PAID		FOR AGENCY USE ONLY
545	68	4324	Ronald E. Reichert	158	-	
516	66	1554	Wesley H. Liffert	1090	50	
If more space is needed, attach additional sheets.						
19. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 5.				18. TOTAL WAGES THIS PAGE.		
				1248 50		

A REPORT MUST BE FILED. IF YOU PAID NO WAGES, WRITE "NONE" IN ITEM 5 SIGN AND RETURN.

I CERTIFY THE INFORMATION CONTAINED ON THIS REPORT AND ATTACHMENTS IS TRUE & CORRECT.

SIGNED

H J Hall

TITLE

Pres

DATE

9 Jan 1974

EMPLOYER — KEEP THIS COPY