THE STATE INSURANCE FUND

350 EAST FIFTH SOUTH
SALT LAKE CITY, UTAH 84111

EMPLOYER'S PAYROLL AND PREMIUM REPORT

SEE REVERSE SIDE FOR INSTRUCTIONS

H TRACY HALL INC
P O BOX 7533 UNIV STA
PROVO UTAH 84602

POLICY NUMBER H 2654

REPORTING PERIOD

MO.	DAY	YEAR		MO.	DAY	YEAR
07	01	73	TO	12	31	73

SEMI-ANNUAL

REMIT YOUR REMITTANCE WITH THE ORIGINAL OF THIS REPORT NOT LATER THAN 15 DAYS AFTER THE END OF THE PERIOD COVERED BY THIS REPORT.

YOUR STATE INSURANCE FUND POLICY IS NOT TRANSFERABLE

IF THE OWNERSHIP, NAME OR ADDRESS IS DIFFERENT FROM THAT SHOWN, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.

CLASS NUMBER	CLASSIFICATION OF WORK	TOTAL PAYROLL DURING PERIOD		RATE	PREMIUM (PAYROLL X RATE)	
3632	MACHINE SHOP part-time students	1437	85	.0087	12	51
	President (supervises) received					
	no salary but (if I understand					
3632	instructions) must be counted at 50% anyway.	1300 ?		.0087	11	31 ?
	Vice President rec'd no salary	1300 ?		? .0087 ?	11	31 ?
	Secretary " " "	1300 ?		? .0087 ?	11	31 ?
	no connection with shops					
very limited	work by these members of my					
	family is at our residence					
	1711 No. Lambert Ln. monthly					
	mtg and secretarial.					
				Paid #373		
				9 Jan 1974		
	TOTAL PAYROLL	? 5337	85 ?			
					? 46	44 ?
				PREMIUM DUE		
	ENTER $16.00 OR PREMIUM DUE WHICHEVER IS LARGER					
				AMOUNT OF REMITTANCE	46	44

PLEASE INDICATE PRESENT STATUS: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☒

ADDRESS AT WHICH RECORDS ARE MAINTAINED IF OTHER THAN ABOVE:
Home: 1711 No Lambert Lane Provo

373 3323
TELEPHONE NO.

I CERTIFY THE ABOVE TO BE A TRUE AND CORRECT REPORT OF THE PAYROLL FOR THE PERIOD INDICATED.

H. Tracy Hall — Pres
NAME — TITLE