

UTAH DEPARTMENT OF EMPLOYMENT SECURITY

FORM 3, REV 7-1-73

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

EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

2ND QUARTER 1974 DELINQUENT AFTER JULY 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

2ND MONTH

3RD MONTH

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

\$ 1377

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

\$

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

\$ 1377

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

\$ 37 18

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)

XXXXXXXXXXXXXXXXXX

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

\$ 37 18

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: _____

pd #540
18 July 1974

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

QUARTERLY TOTAL OF NEW HIRES

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.

15. EMPLOYEE'S SS NO.

16. NAME OF EMPLOYEE

17. TOTAL WAGES PAID

FOR AGENCY USE ONLY

516 66 1554 WESLEY H. LIFFERTH

1281 75

576 68 7833 KARL P. LIFFERTH

95 00

If more space is needed, attach additional sheets.

19. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 5.

18. TOTAL WAGES THIS PAGE.

1376 75

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. Tracy Hall

TITLE

Pres

DATE

July 18, 1974

EMPLOYER — KEEP THIS COPY