THE STATE INSURANCE FUND

350 EAST FIFTH SOUTH SALT LAKE CITY, UTAH 84111

EMPLOYER'S PAYROLL AND PREMIUM REPORT

CEE	DEMEDCE	CIDE CAD	INSTRUCTIO	ALC

H TRACY HALL INC P U BOX 7533 UNIV STA PROVO UTAH

POLICY NUMBER

REPORTING PERIOD

H 2654

MO. DAY YEAR DAY YEAR 74 TO 06 30 74

RESEM TOWN THE MENCE WITH THE ORIGINAL OF THIS REPORT NOT 84602 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.

	SHOWN, PLEASE NOTIFY THIS OFFICE IMMEDIATELY.							
CLASS NUMBER	CLASSIFICATION OF WORK	TOTAL PAYROLL DURING PERIOD		RATE	PREMIUM (PAYROLL X RATE)			
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		THE PERSON THE		PREMIUM DUE				
ENTER \$16.00 OR PREMIUM DUE WHICHEVER IS LARGER					24	6.		
EASE INDIC	ATE PRESENT STATUS: INDIVIDUAL PARTNERSHIP	CORPORATION	NX	AMOUNT OF REMITTANCE	24	6		

H. Tracy Hall

TELEPHONE NO.