

W57374 3 73

19914

FORM TC-96A

STATE OF UTAH EMPLOYER'S QUARTERLY INCOME TAX WITHHOLDING RETURN

I certify that this return and any accompanying schedules and statements, as to the best of my knowledge true, correct, complete and in accordance with the law and regulations applicable thereto.

SIGNATURE

TITLE

ACCOUNT NUMBER AND PERIOD

EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

Q W57374

JUL-SEP 1973

H TRACY HALL INC
1190 COLUMBIA LN
PROVO UT 84601
MA BX 7533 UNIV STA
PROVO UT 84602

3. ADJUSTMENTS \$
4. BALANCE \$81# 292
5. PENALTY \$5041973
6. INTEREST
7. TOTAL \$2.08

1. TOTAL AMOUNT WITHHELD THIS QUARTER \$2.08
2. LESS MONTHLY PAYMENTS:

DATE AMOUNT \$

DATE AMOUNT \$

TOTAL MONTHLY PAYMENTS

DO NOT FOLD
OR TEAR THIS CARD

If preprinted information is incorrect, make any necessary changes

MAKE CHECK OR MONEY ORDER
PAYABLE TO THE

STATE TAX COMMISSION OF UTAH

IMPORTANT: If tax is not withheld, file return marked "NONE"