

UTAH DEPARTMENT OF EMPLOYMENT SECURITY

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

EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

1ST QUARTER 1973 DELINQUENT AFTER APRIL 30, 1973

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 ~~84601~~  
84602

AUDITED  
☐ REFUND ☐ DEFY  
CONTR. \_\_\_\_\_  
INT. \_\_\_\_\_  
PEN'Y. \_\_\_\_\_  
TOTAL \_\_\_\_\_  
NO. \_\_\_\_\_

CONTRIBUTION RATE 2.7%

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

COMPUTATION OF PAYMENT

4. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR. \$ none  
5. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F. \$ none  
6. NET TAXABLE WAGES PAID THIS QUARTER. \$ none  
7. CONTRIBUTION DUE THIS QUARTER, MULTIPLY ITEM 6 BY RATE ABOVE. \$  
8. INTEREST IF CONTRIBUTION IS DELINQUENT --- 1% PER MONTH. \$  
9. PENALTY IF DELINQUENT --- NOT LESS THAN \$2.50 --- SEE INSTRUCTION H. \$  
10. TOTAL PAYMENT --- ADD ITEMS 7, 8 & 9 \$ none

11. 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 L 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

ITEMS 2 & 3 MUST BE COMPLETED.

MAKE CHECKS PAYABLE TO UTAH UNEMPLOYMENT COMPENSATION FUND  
DO NOT MAKE ADJUSTMENTS HEREON FOR CORRECTION OF PRIOR QUARTERS - SEE INSTRUCTION J.

12. EMPLOYEE'S SS NO.	13. NAME OF EMPLOYEE	14. TOTAL WAGES PAID
	none	

FOR AGENCY USE ONLY

16. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 4.  
15. TOTAL WAGES THIS PAGE

A REPORT MUST BE FILED. IF YOU PAID NO WAGES, WRITE "NONE" IN ITEM 4, SIGN AND RETURN.

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

SIGNED H. Tracy Hall TITLE Pres. DATE 2 April 1973

EMPLOYER - KEEP THIS COPY