W57374 4 73

50349

FORM TC-96A

9 Oct 1974

STATE OF UTAH EMPLOYER'S QUARTERLY INCOME TAX WITHHOLDING RETURN

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

H T Hall — SIGNATURE

Pres — TITLE

1. TOTAL AMOUNT WITHHELD THIS QUARTER . . . . . $ 20 52
2. LESS MONTHLY PAYMENTS:

DATE _____ AMOUNT $ _____

DATE _____ AMOUNT $ _____

TOTAL MONTHLY PAYMENTS . . . . . _____

ACCOUNT NUMBER AND PERIOD	EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS
Q W57374 OCT-DEC 1973	H TRACY HALL INC 1190 COLUMBIA LN PROVO UT 84601 MA BX 7533 UNIV STA PROVO UT 84602

3. ADJUSTMENTS $ _____
4. BALANCE Pd #372
5. PENALTY . . _____
6. INTEREST . . _____
7. TOTAL . . $ 20 52

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"

DD-10673