H. TRACY HALL, INC.
1190 COLUMBIA LANE
P. O. BOX 7533 UNIV. STA.
PROVO, UTAH 84601

870 293 951

Type or print EMPLOYER'S Federal Identification number, name, and address above.

WAGE AND TAX STATEMENT 1972

(For use in States or Cities authorizing combined form)

Employer's State Identification Number

Copy D—
For Employer

FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATUS	
Federal income tax withheld	Wages paid subject to withholding in 1972 [1]	Other compensation paid in 1972 [2]	FICA employee tax withheld [3]	Total FICA wages paid in 1972 [4]	1. Single 2. Married	*
500.	2400.	0	124.80	2400.		**

EMPLOYEE'S social security number ▶ 529-07980

H. TRACY HALL
1711 N. LAMBERT LANE
PROVO, UTAH 84601

Type or print EMPLOYEE'S name and address (including ZIP code) above.

Name of State	State Form No.	State income tax withheld
		156 00
Name of City	**City Form No.**	**City income tax withheld**

*See Circ. E for sick pay reporting. **Gross wages for State if different from Federal.

[1] Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.

[2] Report salary or other employee compensation which was not subject to withholding.

[3] The social security (FICA) rate of 5.2% includes .6% for Hospital Insurance Benefits and 4.6% for old-age, survivors, and disability insurance.

[4] Includes tips reported by employee.

Uncollected Employee Tax on Tips . . . $

FORM W–2 Department of the Treasury, Internal Revenue Service