

147 EAST SIXTH SOUTH
SALT LAKE CITY, UTAH 84111

SEE REVERSE SIDE FOR INSTRUCTIONS

POLICY NUMBER

H 2654

REPORTING PERIOD						
MO.	DAY	YEAR		MO.	DAY	YEAR
04	04	73	TO	06	30	73
			TO			

SEMI-ANNUAL

84602

RETURN YOUR REMITTANCE WITH THE ORIGINAL OF THIS REPORT NOT 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.

CLASS NUMBER	CLASSIFICATION OF WORK	TOTAL PAYROLL DURING PERIOD	RATE	PREMIUM (PAYROLL X RATE)
3632	MACHINE SHOP	none	.0087	
	TOTAL PAYROLL	none		
			PREMIUM DUE	
ENTER \$16.00 OR PREMIUM DUE WHICHEVER IS LARGER				

PLEASE INDICATE PRESENT STATUS: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☒

AMOUNT OF
REMITTANCE

ADDRESS AT WHICH RECORDS ARE MAINTAINED IF OTHER THAN ABOVE:

I CERTIFY THE ABOVE TO BE A TRUE AND CORRECT REPORT OF THE PAYROLL FOR THE PERIOD INDICATED.

TELEPHONE NO. _____

NAME _____

TITLE