

W57374 2 73

89609

FORM TC-96A

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.

SIGNATURE

TITLE

73 Hae

Pres

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

DATE

AMOUNT \$

this quarter

TOTAL MONTHLY PAYMENTS

ACCOUNT NUMBER AND PERIOD

Q W57374

APR-JUN 1973

EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

H TRACY HALL INC
1190 COLUMBIA LN
PROVO UT 84601
MA BX 7533 UNIV STA
PROVO UT 84402

DO NOT FOLD

OR TEAR THIS CARD

If preprinted information is incorrect, make any necessary changes

3. ADJUSTMENTS \$
4. BALANCE
5. PENALTY
6. INTEREST
7. TOTAL \$

MAKE CHECK OR MONEY ORDER
PAYABLE TO THE

STATE TAX COMMISSION OF UTAH

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