

# UTAH DEPARTMENT OF EMPLOYMENT SECURITY

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

## EMPLOYER'S QUARTERLY CONTRIBUTION REPORT

3RD QUARTER 1973 DELINQUENT AFTER OCT 31, 1973

FORM 3, REV 7-1-71

*July  
Aug  
Sept*

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 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 0  
2ND MONTH 0  
3RD MONTH 0

3. ENTER NUMBER OF NEW HIRES MADE IN UTAH. DURING THE QUARTER. SEE INSTRUCTION D.

3

QUARTERLY TOTAL

ITEMS 2 & 3 MUST BE COMPLETED.

### COMPUTATION OF PAYMENT

4. TOTAL WAGES PAID THIS QUARTER FOR COVERED EMPLOYMENT, TO NEAREST DOLLAR.

\$ 377

5. LESS WAGES IN EXCESS OF \$4200. PAID EACH WORKER. SEE INSTRUCTION F.

\$ 0

6. NET TAXABLE WAGES PAID THIS QUARTER.

\$ 377

7. CONTRIBUTION DUE THIS QUARTER, MULTIPLY ITEM 6 BY RATE ABOVE.

\$ 10 18

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

\$ 10 18

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: \_\_\_\_\_

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

FOR AGENCY USE ONLY

545 68 4324  
215 52 7415  
516 66 1554

Ronald E. Reichert  
John D. Sabier  
Wes Liffirth

188 00  
93 10  
96 25

*Pd chke  
# 291  
5 Oct 1973*

16. TOTAL WAGES ALL PAGES. MUST AGREE WITH ITEM 4.

15. TOTAL WAGES THIS PAGE

377 35

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 J Hall*

TITLE

*Pres*

DATE *5 Oct 1973*

EMPLOYER - KEEP THIS COPY

40002741