

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. Tracy Hall
SIGNATURE

TITLE

1. TOTAL AMOUNT WITHHELD THIS QUARTER \$ None

2. LESS MONTHLY PAYMENTS:

DATE _____ AMOUNT \$ _____

DATE _____ AMOUNT \$ _____

TOTAL MONTHLY PAYMENTS no employees

ACCOUNT NUMBER AND PERIOD

EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

Q W50153
APR-JUN 1972

HALL H TRACY
1711 N LAMBERT LN
PROVO UTAH 84601
MA BX 533 UNIV STA
PROVO UTAH 84601

3. BALANCE . . . \$ _____

4. PENALTY . . . _____

5. INTEREST . . . _____

6. TOTAL . . . \$ _____

DO NOT FOLD

OR TEAR THIS CARD

MAKE CHECK OR MONEY ORDER
PAYABLE TO THE

STATE TAX COMMISSION OF UTAH

If preprinted information is incorrect, make any necessary changes

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