

W50153 1 72

59139

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.

- 1. TOTAL AMOUNT WITHHELD THIS QUARTER \$ None
- 2. LESS MONTHLY PAYMENTS:

DATE _____ AMOUNT \$ _____
 DATE _____ AMOUNT \$ _____

TOTAL MONTHLY PAYMENTS \$ _____

ACCOUNT NUMBER AND PERIOD

Q W50153
JAN-MAR 1972

DO NOT FOLD
OR TEAR THIS CARD

TITLE _____

EMPLOYER'S NAME AND ADDRESS OF PRINCIPAL PLACE OF BUSINESS

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 . . . \$ None

MAKE CHECK OR MONEY ORDER
PAYABLE TO THE

STATE TAX COMMISSION OF UTAH

If preprinted information is incorrect, make any necessary changes