THE STATE INSURANCE FUND

350 EAST FIFTH SOUTH
SALT LAKE CITY, UTAH 84111

EMPLOYER'S PAYROLL AND PREMIUM REPORT

SEE REVERSE SIDE FOR INSTRUCTIONS

H TRACY HALL INC
P O BOX 7533 UNIV STA
PROVO UTAH 84602

POLICY NUMBER: H 2654

REPORTING PERIOD

MO.	DAY	YEAR		MO.	DAY	YEAR
07	01	74	TO	12	31	74
			TO			

SEMI-ANNUAL

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	3455	50	.0087	30	06
	Pd check #708 27 Jan 1975 $30.06					
	TOTAL PAYROLL	3455	50			
				PREMIUM DUE	30	06
	ENTER $16.00 OR PREMIUM DUE WHICHEVER IS LARGER					
				AMOUNT OF REMITTANCE	30	06

PLEASE INDICATE PRESENT STATUS: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☒

ADDRESS AT WHICH RECORDS ARE MAINTAINED IF OTHER THAN ABOVE:
1711 No Lambert Ln.
Provo, Utah 84601

TELEPHONE NO. 373-3323

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

NAME: H. Tracy Hall, TITLE: Pres.