

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.

H J Hall

SIGNATURE

Pres

TITLE

1. TOTAL AMOUNT WITHHELD THIS QUARTER *no employees* \$ _____

2. LESS MONTHLY PAYMENTS: *this quarter*

DATE _____ AMOUNT \$ _____

DATE _____ AMOUNT \$ _____

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

3. ADJUSTMENTS \$ _____

4. BALANCE _____

5. PENALTY _____

6. INTEREST _____

7. TOTAL \$ _____

DO NOT FOLD
OR TEAR THIS CARD

MAKE CHECK OR MONEY ORDER
PAYABLE TO THE

If preprinted information is incorrect, make any necessary changes

STATE TAX COMMISSION OF UTAH

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