



STATE OF UTAH

Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134

SUMMARY

Self-Review - Physicians

Your reply is due:
Monday, March 7, 2011

A Name and Address: Please provide the following information. Business or Physician Name: Contact Person: Address: City, State, Zip: Sales and Use Tax Account #: Day Phone Number: Federal ID / SSN: Email Address: Letter ID #:

B Tax and Interest Due: Enter the tax and interest totals for each location below. If the number of locations exceeds the number of available lines, include them on an additional Summary sheet.

Table with 2 columns: Location, Tax and Interest Due (From Worksheet). Includes a Total Amount Due row at the bottom.

C No Tax Due: If no tax is due, check the box below that best describes you, and provide any requested information. Exempt as a government agency, Exempt as a religious or charitable organization, Part of an entity that will complete a comprehensive self-review, Not responsible for purchases of goods consumed, Other - No tax is due for the following reason:

D Signature and Date: Please sign and date below.

I certify that to the best of my knowledge the above information is true and accurate.

Signature and Title

Date

MASTER FILE

