



STATE OF UTAH

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

SUMMARY Part 2
Self-Review - Physicians

If multiple physicians practice at your clinic, list their names and contact information below, and indicate whether they make purchases for which they are responsible, distinct from the clinic's purchases included in this self-review. If you received this self-review as an individual physician or a clinic with one physician, please disregard this page.

Is this physician responsible for making his/her own purchases?

Name	Address	City, State, Zip	Phone	Is this physician responsible for making his/her own purchases?
1				
2				
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If the number of physicians exceeds the number of available lines, include them on an additional Summary Part 2 sheet. For your convenience, you may provide this information in some other format if you choose.