



AMERICAN FEDERATION OF MUSICIANS REPORT FORM

PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS

RP No. _____

AFM LOCAL NO: _____

DATE: _____ RECORD CO: _____ LABEL: _____ RECORD CO./LABEL REP: _____ RECORD CO. ADDRESS: _____ _____ RECORD CO. REP. PHONE: _____	ORIGINAL SESSION NO. OF MUSICIANS: _____ RECORDING DATE: _____ DAY: _____ RECORDING STUDIO: _____ CITY: _____ STATE: _____ HOURS OF EMPLOYMENT: _____ MUSIC PROD. CO. NAME: _____
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NAME OF ARTIST / GROUP: _____
One Artist or Group per Contract

NAME OF SESSION PRODUCER: _____
INDUSTRY PROJECT NO.: _____

DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER

ORIGINAL REPORT FORM NO: _____
 ORIGINAL RECORDING DATE: _____

NO. of MINUTES	TITLE of TUNES/PIECES
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

Check 1 and only 1 from each of these categories:

Production Type <input type="checkbox"/> Original Session <input type="checkbox"/> Location Recording <input type="checkbox"/> Sound Sample <input type="checkbox"/> Limited Pressing Upgrade <input type="checkbox"/> Demo Record Conversion <input type="checkbox"/> Video Promo New Use: <input type="checkbox"/> M.P. Soundtrack <input type="checkbox"/> Sampling <input type="checkbox"/> Other	Payment Type <input type="checkbox"/> Non-Symphonic (regular) <input type="checkbox"/> Non-Symphonic (special) <input type="checkbox"/> Symphonic (3 hrs.) <input type="checkbox"/> Symphonic (4 hrs.) <input type="checkbox"/> Opera <input type="checkbox"/> Ballet <input type="checkbox"/> Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.) <input type="checkbox"/> Low Budget Recording (AFM must receive budget 72 hours prior to production.)
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MEMO

ADDITIONAL INFO

NEW USE SOURCE (e.g. Original M.P. Title): _____

Picture/Show _____

Title of New Use Release _____

SIGNATORY OF RECORD: _____ Address: _____

Pension Contributions To Be Paid By (if different): _____ Address: _____

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM Agreement in effect at the time of such engagement.

Signatory of Record's Signature: _____ Leader's Signature: _____

Print Name of Signer: _____ Phone: _____ Leader's Phone: _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			SOCIAL SECURITY NUMBER Marital Status & Exemptions	NO. of DBLS	ID of TUNES	TOTAL SCALE WAGES ----- CARTAGE	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INIT. (Instrument(s))						
-----			(LDR)				-----		
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-----			(ARR)				-----		
-----			(ORC)				-----		
-----			(COPY)				-----		

Include all music prep. info on this form or continuation sheet, with copies of invoices attached.

FOR FUND USE ONLY:
 FORM B-4/Rev. 9-96

TOTAL PENSION CONTRIBUTIONS:	
TOTAL H&W CONTRIBUTIONS:	

Distribution of the copies of the Report Form is as follows:

1. One copy is to be retained by the Signatory of Record.
2. The remaining copies are to be sent to AFM Local 47, Attn: Sound Recording, 817 Vine St., Hollywood CA 90038, with the musicians' checks and benefit contributions (where applicable). The AFM Local will:
 - (a) Retain one copy
 - (b) Send one copy to the AFM
 - (c) Send one copy to the Health & Welfare Fund* (Local 47 H&W payable to: Local 47 H&W)
 - (d) Send one copy to the AFM-EPF* (Pension payable to: AFM-EP Fund)
American Federation of Musicians and Employers' Pension Fund
One Penn Plaza, Suite 3115
New York, NY 10119

*See appropriate section of the AFM Sound Recording Labor Agreement for information regarding applicable Pension and H&W payments.

