



# AMERICAN FEDERATION OF MUSICIANS REPORT FORM PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS RPNo.

AFM LOCAL NO: \_\_\_\_\_

DATE: _____ RECORD CO: _____ LABEL: _____ RECORD CO./LABEL REP: _____ RECORD CO. ADDRESS: _____ _____ RECORD CO. REP. PHONE: _____	<b>ORIGINAL SESSION</b> NO. OF MUSICIANS: _____ RECORDING DATE: _____ DAY: _____ RECORDING STUDIO: _____ CITY: _____ STATE: _____ HOURS OF EMPLOYMENT: _____ MUSIC PROD. CO. NAME: _____
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<b>NAME OF ARTIST / GROUP:</b> _____ <b>One Artist or Group per Contract</b> <b>NAME OF SESSION PRODUCER:</b> _____ <b>INDUSTRY PROJECT NO.:</b> _____	<b>DUBBING, NEW USE, LIMITED PRESSING UPGRADE OR OTHER</b> ORIGINAL REPORT FORM NO: _____ ORIGINAL RECORDING DATE: _____
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<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">NO. of MINUTES</th> <th style="width: 75%;">TITLE of TUNES/PIECES</th> </tr> <tr> <td>A. _____</td> <td>_____</td> </tr> <tr> <td>B. _____</td> <td>_____</td> </tr> <tr> <td>C. _____</td> <td>_____</td> </tr> <tr> <td>D. _____</td> <td>_____</td> </tr> <tr> <td>E. _____</td> <td>_____</td> </tr> </table>	NO. of MINUTES	TITLE of TUNES/PIECES	A. _____	_____	B. _____	_____	C. _____	_____	D. _____	_____	E. _____	_____	<b>Check 1 and only 1 from each of these categories:</b> <table style="width: 100%;"> <tr> <th style="width: 50%;">Production Type</th> <th style="width: 50%;">Payment Type</th> </tr> <tr> <td><input type="checkbox"/> Original Session</td> <td><input type="checkbox"/> Non-Symphonic (regular)</td> </tr> <tr> <td><input type="checkbox"/> Location Recording</td> <td><input type="checkbox"/> Non-Symphonic (special)</td> </tr> <tr> <td><input type="checkbox"/> Sound Sample</td> <td><input type="checkbox"/> Symphonic (3 hrs.)</td> </tr> <tr> <td><input type="checkbox"/> Limited Pressing Upgrade</td> <td><input type="checkbox"/> Symphonic (4 hrs.)</td> </tr> <tr> <td><input type="checkbox"/> Demo Record Conversion</td> <td><input type="checkbox"/> Opera</td> </tr> <tr> <td><input type="checkbox"/> Video Promo</td> <td><input type="checkbox"/> Ballet</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.)</td> </tr> </table> <b>New Use:</b> <input type="checkbox"/> M.P. Soundtrack <input type="checkbox"/> Sampling <input type="checkbox"/> Other	Production Type	Payment Type	<input type="checkbox"/> Original Session	<input type="checkbox"/> Non-Symphonic (regular)	<input type="checkbox"/> Location Recording	<input type="checkbox"/> Non-Symphonic (special)	<input type="checkbox"/> Sound Sample	<input type="checkbox"/> Symphonic (3 hrs.)	<input type="checkbox"/> Limited Pressing Upgrade	<input type="checkbox"/> Symphonic (4 hrs.)	<input type="checkbox"/> Demo Record Conversion	<input type="checkbox"/> Opera	<input type="checkbox"/> Video Promo	<input type="checkbox"/> Ballet		<input type="checkbox"/> Chamber (Chamber sessions must be approved by AFM 4 weeks prior to session.)
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<b>MEMO</b> _____ _____ _____	<b>ADDITIONAL INFO</b> NEW USE SOURCE (e.g. Original M.P. Title): _____ Picture/Show _____ Title of New Use Release _____
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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))						
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-----			(ORC)				-----		
-----			(COPY)				-----		

Include all music prep. info on this form or continuation sheet, with copies of invoices attached. <b>FOR FUND USE ONLY:</b> FORM B-4/Rev. 9-96	TOTAL PENSION CONTRIBUTIONS: _____ TOTAL H&W CONTRIBUTIONS: _____
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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.

**AMERICAN FEDERATION OF MUSICIANS REPORT FORM  
 PHONOGRAPH RECORDS, SOUNDTRACK RELEASES, VIDEO PROMOS**

**Continuation Sheet**

**RP No.** \_\_\_\_\_

Recording Date: \_\_\_\_\_

Leader: \_\_\_\_\_

Artist/Picture: \_\_\_\_\_

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER <hr/> Marital Status & Exemptions	NO. of DBLS	ID of TUNES	WAGES (1) ----- CARTAGE	PENSION	H&W WHERE APPLICABLE
	LAST	FIRST	INIT. (Instrument(s))							
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<b>TOTAL PENSION CONTRIBUTIONS:</b>	
<b>TOTAL H&amp;W CONTRIBUTIONS:</b>	

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FORM B-4/Rev. 9-96