

AMERICAN FEDERATION OF MUSICIANS REPORT FORM FOR ALL VIDEOTAPE/LIVE TELEVISION/CABLE TV/PUBLIC TV

Continuation Sheet

Program Name: _____
 Recording Date: _____
 Leader's Name: _____

Report Form No.: _____
 Page: _____ of _____

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID # as applicable)	D O U B L E S	WAGES (1) ----- CARTAGE		PENSION CONTRIBUTION	H. & W.
	LAST	FIRST	INITIAL							
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(1) Insert X if wages being paid are overscale.
 Include all Music Preparation on this form along with attached copies of invoices.
FOR FUND USE ONLY:

TOTAL H&W CONTRIBUTIONS _____
 TOTAL PENSION CONTRIBUTIONS _____