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