AMERICAN FEDERATION OF MUSICIANS REPORT FORM

Motion Pictures-Theatrical & Television Film (Standard, Non-Standard & Basic Cable), Industrial (Non-Theatrical-Non-TV), Miscellaneous, Low Budget Films

Continuation Sheet **RP No.**_____

Title of Picture: _____

Signator: _____ Leader: _____

LOCAL UNION NO. --- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INITIAL (Instrument(s)) (LDR)	HOME ADDRESS (Give Street, City and State)	SOCIAL SECURITY NUMBER	HRS. GUAR.	HRS. WK'D	WAGES (1) DBL --- CARTAGE	PENSION	H&W WHERE APPLICABLE
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						TOTAL PENSION CONTRIBUTIONS		
						TOTAL H & W CONTRIBUTIONS		

(1) Insert overscale wages being paid.

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

FOR FUND USE ONLY: