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

Program Name: ______________________________

Recording Date: ______________________________ Report Form No.: ______________

Leader's Name: ______________________________ Page: ___ of ______________

LOCAL UNION NO. ---------- CARD NO.	EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER	NO. of DBLS	WAGES (1) ------------- CARTAGE	PENSION	H&W WHERE APPLICABLE
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(1) Insert overscale wages being paid.

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

TOTAL PENSION CONTRIBUTIONS		
TOTAL H & W CONTRIBUTIONS		

FOR FUND USE ONLY:

FORM B-8/Rev. 6-96