AMERICAN FEDERATION OF MUSICIANS REPORT FORM
TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS
Continuation Sheet

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 INITIAL (Instrument(s))	SOCIAL SECURITY NUMBER	HRS. WK'D	NO. OF DBL PER SESS	SPOT ID by letter above	ID of SPOT PER DBL	WAGES (1) / CARTAGE	PENSION	H&W WHERE APPLICABLE
	(LDR)								
	(ARR)								
	(ORC)								
	(COPY)								

(1) Insert X if wages being paid are overscale.

FOR FUND USE ONLY:

TOTAL PENSION CONTRIBUTIONS:

TOTAL H&W CONTRIBUTIONS: