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/LA No. _____

Title of Picture: _____

Signator: _____ Leader: _____

LOCAL UNION NO. / CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD) LAST FIRST INITIAL (Instrument(s))	HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID as applicable)	HRS. GUAR.	HRS. WK'D	SCALE WAGES (1) / CARTAGE	DBL	PENSION	H & W WHERE APPLIC-ABLE
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(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:

TOTAL PENSION CONTRIBUTIONS		
TOTAL H&W CONTRIBUTIONS		