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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					TOTAL PENSION CONTRIBUTIONS		
					TOTAL H & W CONTRIBUTIONS		

(1) Insert overscale wages being paid.

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

FOR FUND USE ONLY:

FORM B-8/Rev. 6-96