AMERICAN FEDERATION OF MUSICIANS REPORT FORM TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS

Continuation Sheet

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 CARTAGE	PENSION	H&W WHERE APPLICABLE	
NO.	(LDR)									
	(ARR)									
	(ORC)									
	(COPY)									
(1) Insert X if wages being paid are overscale.					TOTAL PENSION CONTRIBUTIONS:					
FOR FUND USE ONLY:					TOTAL H&W CONTRIBUTIONS:					

Recording Date: _