

## AMERICAN FEDERATION OF MUSICIANS LIMITED PRESSING RECORDING REPORT FORM

| Date:   |   |  |  |                    | RP ${f No.}$            |  |         |  |  |  |
|---|---|--|--|--------------------|-------------------------|--|---------|--|--|--|
| there wi  | D PRESSINGS - Not to exceed all be an upgrade payment to the me of the upgrade, with credit a   | musicians who participa                    | nted on the original   |                    |                         |  |         |  |  |  |
|   | Date:No. of   |  |  |                    |                         |  |         |  |  |  |
|   | Employment:   |  |  |                    |                         |  |         |  |  |  |
| Rec. Studi  | o/Location:   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   | l:  |  |  |                    |                         |  |         |  |  |  |
| ı   | Employer:   |  | 0  |                    | 0 -                     |  |         |  |  |  |
|   | Employer's Address:   |  | ○ Non-Sy   | mphoni             | C O Sympl               | honic O Cha  | mber    |  |  |  |
|   |   | Session No.:<br>Name of Artist/Group:      |  |                    |                         |  |         |  |  |  |
| SESS MINS. TITLE of TUNES / PIECES  |   |  | AFM Local:  SESS MINS. TITLE of TUNES / PIECES                       |                    |                         |  |         |  |  |  |
| В   |   | G  |  |                    |                         |  |         |  |  |  |
| D   |   |  | J  |                    |                         |  |         |  |  |  |
| E   |   |  | K  |                    |                         |  |         |  |  |  |
| cond<br>Producer/l  | PAYMENTS NOT MADE ON A TIP<br>Producer/Employer understands and ag<br>itions of the current AFM Limited Press<br>Employer's Signature:<br>Ontributions To Be Paid By (if different) | ing Agreement in whose jurisdi             | ions of the engagement iction such recording tak Leader's Signature: | covere<br>ces plac | d by this Report<br>ee. | Form include the                                   |         |  |  |  |
| LOCAL<br>UNION<br>NO.<br><br>CARD<br>NO.  | EMPLOYEE'S NAME<br>(As on Social Security Card)<br>LAST FIRST INIT<br>(Instrument(s))   | HOME ADDRESS<br>(Give Street,City & State) | SOCIAL<br>SECURITY<br>NUMBER   | NO.<br>of<br>DBLS  | WAGES (1) CARTAGE H & W | TOTAL<br>MUSICIANS<br>PAYMENT                      | PENSION |  |  |  |
|   | (LDR)   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
|   |   |  |  |                    |                         |  |         |  |  |  |
| (1) Insert overscale wages being paid. Include all music prep. info on this form or continuation sheet, with copies of invoices attached.  FOR FUND USE ONLY: |   |  |  |                    |                         | Total Pension Contribution payable to (AFM-EPFUND) |         |  |  |  |

## AMERICAN FEDERATION OF MUSICIANS REPORT FORM

## **Continuation Sheet**

| g Date:   | Report Form No<br>Page <u>1</u> of <u>1</u>                                  |   |                              |           |                               |         |  |
|---|--|---|------------------------------|-----------|-------------------------------|---------|--|
| EMPLOYEE'S NAME (As on Social Security Card) LAST FIRST INIT. (Instrument(s)) | HOME ADDRESS<br>(Give Street,City & State)                                   | SOCIAL<br>SECURITY<br>NUMBER  | NO.<br>of<br>DBLS            | WAGES (1) | TOTAL<br>MUSICIANS<br>PAYMENT | PENSION |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   |  |   |                              |           |                               |         |  |
|   | Date: Name:  EMPLOYEE'S NAME  (As on Social Security Card)  LAST FIRST INIT. | Date:  Name:  EMPLOYEE'S NAME  (As on Social Security Card)  LAST FIRST INIT.  HOME ADDRESS  (Give Street,City & State) | Date: Name:  EMPLOYEE'S NAME | Name:     | Date:                         | Date:   |  |