AMERICAN FEDERATION OF MUSICIANS REPORT FORM
MADE AND PLAYED LOCAL 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	(1) WAGES / 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:

FORM B-3/Rev. 7-96