

**PROFESSIONAL MUSICIANS, LOCAL 47 AND EMPLOYERS' HEALTH AND WELFARE FUND**

**PRESS HARD  
YOU ARE MAKING  
FIVE (5) COPIES**

**LOCAL 47 WORK DUES REPORT**  
Including Employer Contributions for  
**AFM/EPF and HEALTH & WELFARE FUNDS**

Employer Code \_\_\_\_\_

**PRINT LEGIBLY**  
PLACE OF ENGAGEMENT \_\_\_\_\_ ROOM NAME \_\_\_\_\_  
ADDRESS OF ENGAGEMENT \_\_\_\_\_ CITY \_\_\_\_\_  
TYPE OF ENGAGEMENT \_\_\_\_\_ BUS. AGENT \_\_\_\_\_

<p align="center"><b>DATES OF REPORTING PERIOD</b></p> <p>FROM _____ THRU _____</p> <p>WEEKS _____</p> <p>TOTAL NUMBER OF _____ and/or _____</p> <p>DAYS _____ / _____</p> <p>DAYS PER WEEK <u> S M T W T F S </u></p>	<p align="center"><b>SCALE*</b> (CHECK ONE BOX ONLY)    <b>PER WEEK</b> <input type="checkbox"/>    <b>PER DAY</b> <input type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">WAGES</th> <th style="text-align: center;">E.P.F. FUND</th> <th style="text-align: center;">H &amp; W FUND</th> </tr> <tr> <td>LEADER</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>CONTRACTOR</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>EACH SIDEMUSICIAN</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>ADD'L SIDEMUSICIAN</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>CHECK HERE <input type="checkbox"/> IF TRAVELING ENGAGEMENT <small>*INCLUDING OVERTIME, REHEARSAL, DOUBLING, ETC.</small></p>		WAGES	E.P.F. FUND	H & W FUND	LEADER	\$ _____	\$ _____	\$ _____	CONTRACTOR	\$ _____	\$ _____	\$ _____	EACH SIDEMUSICIAN	\$ _____	\$ _____	\$ _____	ADD'L SIDEMUSICIAN	\$ _____	\$ _____	\$ _____
	WAGES	E.P.F. FUND	H & W FUND																		
LEADER	\$ _____	\$ _____	\$ _____																		
CONTRACTOR	\$ _____	\$ _____	\$ _____																		
EACH SIDEMUSICIAN	\$ _____	\$ _____	\$ _____																		
ADD'L SIDEMUSICIAN	\$ _____	\$ _____	\$ _____																		

**IMPORTANT INFORMATION — READ CAREFULLY**

<p>1. SUBMIT ACCURATE, COMPLETE, AND LEGIBLE REPORTS TO INSURE PROPER CREDIT.</p> <p>2. SUBMIT FIRST FOUR (4) COPIES OF THIS REPORT AND SEPARATE CHECKS, ONE EACH FOR THE TOTAL OF H&amp;W, AFM/EPF, WORK DUES, AND TRAVEL DUES, IF APPLICABLE, TO THE THE UNION OFFICE.</p> <p>3. MAKE CHECKS PAYABLE TO: LOCAL 47 HEALTH &amp; WELFARE FUND LOCAL 47 AFM/EPF (PENSION)</p>	<p>4. FOR H&amp;W INFORMATION CONTACT — PROFESSIONAL MUSICIANS, LOCAL 47 AND EMPLOYERS' HEALTH &amp; WELFARE FUND 1000 N. CENTRAL AVE. #400 GLENDALE, CA 91202 TELEPHONE: 818-243-0222</p> <p>WORK DUES = PROFESSIONAL MUSICIANS, LOCAL 47 TRAVEL DUES = PROFESSIONAL MUSICIANS, LOCAL 47</p>
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PRINT MEMBERS NAMES (Including Substitutes) Last                      First                      Init.	SOCIAL SECURITY NO.	LOCAL NO.	TOTAL SCALE	TOTAL AFM/EPF	TOTAL H&W FUND
LEADER	- -				
CONT'R. or SIDEMUSICIAN	- -				
3.	- -				
4.	- -				
5.	- -				
6.	- -				
7.	- -				
8.	- -				
9.	- -				
10.	- -				
11.	- -				
12.	- -				
13.	- -				
14.	- -				
15.	- -				
16.	- -				
17.	- -				
18.	- -				
19.	- -				
20.	- -				
21.	- -				
22.	- -				
23.	- -				
24.	- -				
25.	- -				

This line for sub-total if continued on the reverse side. SUB-TOTAL

ENGAGEMENT CLOSED  \_\_\_\_\_ (Closing Date)

**TOTALS**

**WORK DUES**  
( % of total scale)

X \_\_\_\_\_ (Signature of Leader or Contractor)      PHONE NO. \_\_\_\_\_      DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIPT NUMBER _____	DATE RECEIVED: _____	BY: _____
DATE POSTED _____	BY _____	