

**AMERICAN FEDERATION OF MUSICIANS REPORT FORM  
FOR ALL VIDEOTAPE/LIVE TELEVISION/CABLE TV/PUBLIC TV**

**RPN<sup>o</sup>.** \_\_\_\_\_

DATE: \_\_\_\_\_  
 NAME OF PROGRAM: \_\_\_\_\_  
 TITLE OR SHOW#: \_\_\_\_\_  
 GUEST STARS: \_\_\_\_\_  
 \_\_\_\_\_  
 PRODUCER: \_\_\_\_\_  
 PRODUCER'S ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 NETWORK: \_\_\_\_\_ STATION: \_\_\_\_\_  
 TAPE DATE: \_\_\_\_\_ AIR DATE: \_\_\_\_\_  
 RE-USE DATE: \_\_\_\_\_ PROGRAM LENGTH: \_\_\_\_\_

ORIGINAL SESSION AFM LOCAL No. \_\_\_\_\_  
 Recording Date: \_\_\_\_\_ No. of Musicians: \_\_\_\_\_  
 Recording Studio: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Hours of Employment: \_\_\_\_\_  
RE-USE, NEW USE OR OTHER  
 Original Report Form No.: \_\_\_\_\_  
 Original Recording Date: \_\_\_\_\_

<u>Additional Info</u>	<u>Check here if</u>
<input type="checkbox"/> Theme	<input type="checkbox"/> Compilation
<input type="checkbox"/> Variety Shows	<input type="checkbox"/> Clip Use
<input type="checkbox"/> Other Program _____	<input type="checkbox"/> Needle Drop _____ Hrs.

MEMO

Check 1 and only 1 from each of these three columns.

<u>Payment Type</u>	<u>Medium</u>	<u>Rates</u>
<input type="checkbox"/> Original Session	<input type="checkbox"/> Videotape (Comm'l Network)	<input type="checkbox"/> Domestic (Nat'l)
<input type="checkbox"/> Re-Use	<input type="checkbox"/> Videotape (Comm'l Synd)	<input type="checkbox"/> Foreign
<input type="checkbox"/> New Use	<input type="checkbox"/> Cable (Non Standard Pay TV)	<input type="checkbox"/> Local
<input type="checkbox"/> Excerpt Use	<input type="checkbox"/> Basic Cable	<input type="checkbox"/> Audition
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Public TV	
<input type="checkbox"/> Market	<input type="checkbox"/> TV Station I.D.'s	
	<input type="checkbox"/> Telethon	
	<input type="checkbox"/> Videocassette Release	
	<input type="checkbox"/> In-Flight	
	<input type="checkbox"/> Other _____	

EMPLOYER OF RECORD (e.g. Payroll Service) \_\_\_\_\_

SIGNATORY OF RECORD: \_\_\_\_\_

For Session Payments \_\_\_\_\_ Address \_\_\_\_\_  
 For All Other Payments \_\_\_\_\_ Address \_\_\_\_\_

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the applicable AFM agreement in effect at the time of such engagement.

Signatory of Record's Signature \_\_\_\_\_ Leader's Signature \_\_\_\_\_

Print Name of Signer \_\_\_\_\_ Phone \_\_\_\_\_ Leader's Phone \_\_\_\_\_

REHEARSALS/PRE-RECORD/TAPE USE					PAY SCHEDULE	
Date	Start	Dism'd	Hours	Span	Air & Min. Reh. \$	Meal Pen.

LOCAL UNION NO. ----- CARD NO.	EMPLOYEE'S NAME (AS ON SOCIAL SECURITY CARD)			HOME ADDRESS (Give Street, City & State)	SOCIAL SECURITY NUMBER (EID # as applicable)	D O U B L E S	WAGES (1) CARTAGE		PENSION CONTRIBUTION	H. & W.
	LAST	FIRST	INITIAL							
			(LEADER)					<input type="checkbox"/>		
1								<input type="checkbox"/>		
2								<input type="checkbox"/>		
3								<input type="checkbox"/>		
4								<input type="checkbox"/>		
5								<input type="checkbox"/>		
6								<input type="checkbox"/>		
7								<input type="checkbox"/>		
8								<input type="checkbox"/>		
9								<input type="checkbox"/>		
10			(ARR)					<input type="checkbox"/>		
11			(ORC)					<input type="checkbox"/>		
12			(COPY)					<input type="checkbox"/>		

(1) Insert X if wages being paid are overscale.

**Include all Music Preparation on this form along with attached copies of invoices.  
FOR FUND USE ONLY:**

TOTAL H&W CONTRIBUTIONS \_\_\_\_\_  
 TOTAL PENSION CONTRIBUTIONS \_\_\_\_\_