

Company Data Sheet

A. SIGNATORY COMPANY INFORMATION

(Please print or type)

Company Name:	
Address:	Phone:
	FAX:
	E-Mail:
Contact:	Phone:

B. CONTROLLING EMPLOYEE(S) / OFFICER(S) INFORMATION

CONTROLLING EMPLOYEE / OFFICER NAME	SOCIAL SECURITY NUMBER	TITLE	UNION AFFILIATION	
			NO	YES/UNION

C. ADDITIONAL INFORMATION

Company Type: (Check one)	<input type="checkbox"/> SOLE PROPRIETORSHIP (Sole Proprietorships are not permitted to submit contributions for the owner)	Company Identification Numbers	Fed ID#:
	<input type="checkbox"/> LIMITED LIABILITY CORPORATION (List ALL Members above and, if applicable, their union affiliation)		State Employer Id#:
	<input type="checkbox"/> A CORPORATION (List ALL Principals above and, if applicable, their union affiliation)		State Corp. ID#:
	<input type="checkbox"/> A PARTNERSHIP: <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnerships are not permitted to submit contributions for the partners)		
Company's Principal Production or Service is:			
Is this Company a Permanent Facility? <small>(A Permanent Facility maintains a permanent address with year-round staff providing a service, e.g., costume house, editing facility)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this Company have any affiliated/related entities? <small>(e.g., parent company, subsidiaries, DBA's, etc.)</small>		<input type="checkbox"/> Yes (Please list below) <input type="checkbox"/> No	

D. REPORTING AND CONTRIBUTING INFORMATION

Individuals authorized to act on behalf of company in reporting and contributing:

Name:	Title:	Phone:	Ext:
Name:	Title:	Phone:	Ext:

I certify that the above information constitutes a total and complete listing of all information for the above company.

Name	Signature	Title	Date
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