



Plan office use only:	
Emp # _____	Report # _____
TID# _____	Batch # _____

EAST COAST REPORT OF CONTRIBUTIONS RATE GROUP 07 – INCLUDES IAP%

(A) Employer: _____ Employer #: _____

(B) Address: _____

 _____ Check box if address changed:

Phones: _____ Fax: _____ E-Mail: _____

(C) # Weeks: _____ From: _____ To: _____

(D) Client Co.: _____ Client #: _____

(E) Prod. Title: _____ Prod. ID # _____

IF YOU HAVE NO COVERED EMPLOYEES FOR THIS PERIOD, CHECK THIS BOX

PENSION /HEALTH CONTRIBUTION RATE: (Effective January 25, 2009)

TOTAL HOURS: _____ @ \$10.087 \$ _____

INDIVIDUAL ACCOUNT PLAN PERCENTAGE CONTRIBUTION

IAP Contribution based on applicable wage scale. \$ _____
Please consult your Collective Bargaining Agreement for percentage.

TOTAL AMOUNT DUE: \$ _____

Less amount previously remitted: \$ (_____)

TOTAL AMOUNT DUE WITH THIS REPORT: / \$ _____

Make check payable to: MPIPHP
 11365 Ventura Boulevard, Studio City, California 91604-3148
Mailing Address: P.O. Box 1999, Studio City, California 91614-0999

Date: _____ Completed by: _____ Title: _____
 Please Print