



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

**REPORT OF CONTRIBUTIONS**  
Rate Group 04 – Excludes IAP%

(A) Employer: \_\_\_\_\_ Employer #: \_\_\_\_\_

(B) Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Check box if address changed:

Phone: \_\_\_\_\_ 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

See reverse side for additional information

**PENSION /HEALTH CONTRIBUTION RATE (Effective July 30, 2006):**

|                          |          |                   |                 |
|--------------------------|----------|-------------------|-----------------|
| Active Health:           | \$1.6950 |                   |                 |
| Retiree Health:          | \$0.3710 |                   |                 |
| Pension:                 | \$1.2665 |                   |                 |
| Individual Account Plan: | \$0.3050 |                   |                 |
| <b>TOTAL HOURS:</b>      | _____    | <b>@ \$3.6375</b> | <b>\$ _____</b> |

**CONTRACT SERVICES ADMIN. TRUST FUND**

|   |       |                   |                        |
|---|-------|-------------------|------------------------|
| I. Film Labs, Costume Houses:                       |       |                   |                        |
| <b>TOTAL HOURS:</b>                                 | _____ | <b>@ \$ .0075</b> | <b>\$ _____</b>        |
| II. Location Managers (Effective October 31, 2004): |       |                   |                        |
| <b>TOTAL HOURS:</b>                                 | _____ | <b>@ \$ .0975</b> | <b>\$ _____</b>        |
| III. I.A.T.S.E. Music Video Agreement Only:         |       |                   |                        |
| <b>TOTAL HOURS:</b>                                 | _____ | <b>@ \$ .0700</b> | <b>\$ _____</b>        |
| IV. All OTHERS (Effective February 6, 2005):        |       |                   |                        |
| <b>TOTAL HOURS:</b>                                 | _____ | <b>@ \$ .2600</b> | <b>\$ _____</b>        |
| <b>TOTAL AMOUNT DUE:</b>                            |       |                   | <b>\$ _____</b>        |
| Less amount previously remitted:                    |       |                   | <b>\$ ( _____ )</b>    |
| <b><u>TOTAL AMOUNT DUE WITH THIS REPORT:</u></b>    |       |                   | <b><u>\$ _____</u></b> |

**Note: Please submit ONE contribution check.**  
Make check payable to: **M.P.I.P.H.P.**

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Title: \_\_\_\_\_