



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

**PENSION /HEALTH CONTRIBUTION RATE (Effective August 1, 2010):**

Active Health:	\$2.5450		
Retiree Health:	\$0.3710		
Pension:	\$1.2665		
Individual Account Plan:	\$0.3050		
<b>TOTAL HOURS:</b>	_____	<b>@ \$ 4.4875</b>	\$ _____

**CONTRACT SERVICES ADMIN. TRUST FUND**

I. Film Labs, Costume Houses:			
<b>TOTAL HOURS:</b>	_____	<b>@ \$ .0075</b>	\$ _____
II. Location Managers Agreement Music Video Agreement Location Managers/Scouts AICP Location Managers/Scout Agreement ICP Location Managers/Scout Agreement			
<b>TOTAL HOURS:</b>	_____	<b>@ \$ .0975</b>	\$ _____
III. I.A.T.S.E. & L-399 Drivers Music Video Agreement AICP Drivers Agreement ICP Drivers Agreement All OTHERS			
<b>TOTAL HOURS:</b>	_____	<b>@ \$ .2600</b>	\$ _____
IV. Animation Guild L-839 Agreement			
<b>TOTAL HOURS:</b>	_____	<b>@ \$ .0400</b>	\$ _____
<b>TOTAL AMOUNT DUE:</b>			\$ _____
Less amount previously remitted:			\$ ( _____ )
<b><u>TOTAL AMOUNT DUE WITH THIS REPORT:</u></b>			<b>\$ _____</b>

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

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