



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

REPORT OF CONTRIBUTIONS

RATE GROUP O5 – INCLUDES 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 July 30, 2006):

Active Health:	\$1.6950	
Retiree Health:	\$0.3710	
Pension:	\$1.2665	
Individual Account Plan:	\$0.3050	

TOTAL HOURS: _____ @ \$3.6375 \$ _____

INDIVIDUAL ACCOUNT PLAN PERCENTAGE CONTRIBUTION IAP% TOTAL \$ _____

CONTRACT SERVICES ADMIN. TRUST FUND

I. Film Labs, Costume Houses:		
	TOTAL HOURS: _____	@ \$.0075 \$ _____
II. Location Managers (Effective October 31, 2004):		
	TOTAL HOURS: _____	@ \$.0975 \$ _____
III. I.A.T.S.E. Music Video Agreement Only (Effective December 1, 2005):		
	TOTAL HOURS: _____	@ \$.2600 \$ _____
IV. All OTHERS (Effective February 6, 2005):		
	TOTAL HOURS: _____	@ \$.2600 \$ _____

TOTAL AMOUNT DUE: \$ _____

Less amount previously remitted: \$ (_____)

TOTAL AMOUNT DUE WITH THIS REPORT: \$ _____

**Note: Please submit ONE contribution check.
 Make check payable to: MPIPHP**

Date: _____ Signed by: _____ Title: _____