

**INTERACTIVE/MULTIMEDIA REPORTING FORM**  
**SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS**

Mail Original of P & H Report with contributions payment check to

P.O. Box 54867, Los Angeles CA 90054-0867

Phone (818) 954-9400

New York area, send copies to: SAG, 1515 Broadway, 44th Floor, New York, NY 10036

Phone (212) 944-1030

Chicago area, send 1 copy to: SAG, One East Erie, #650 Chicago, IL 60611

Phone (312) 573-8081

Los Angeles area, send 1 copy to: SAG, 5757 Wilshire Blvd., Los Angeles CA 90036

Phone (323) 954-1600

Other areas, send to local SAG office on back of this form.

Studio Code # \_\_\_\_\_

Signatory Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**Liquidated Damages:** Reports received over 30 days after the **PAYROLL PERIOD ENDING** Date will be assessed 10% of the contributions due. Reports received over 60 days after the **PAYROLL PERIOD ENDING** Date will be assessed 20% of the contributions due.

Effective January 1, 1989: Failure to supply project titles and social security numbers of all performers for which contributions are being remitted will result in the assessment of liquidated damages in the amount of 10% of the Pension and Health contributions due. If the Producer's failure to supply the data requested continues for 60 or more days, then liquidated damages of 20% of the contributions due will be assessed.

Date Principal Photography Commenced \_\_\_\_\_  
(Must be Completed)

Interactive/Multimedia Project Title \_\_\_\_\_  
(Must be Completed)

Payroll Period Ending \_\_\_\_\_  
(Must be Completed)

FOR OFFICE USE ONLY	
Check No.	_____
Amount \$	_____
Date Received	_____

Product/Subject \_\_\_\_\_

Production Company \_\_\_\_\_

Paymaster \_\_\_\_\_

SOCIAL SECURITY NUMBER <small>(Must be Completed)</small>	ORIGINAL DATES WORKED	PERFORMER'S NAME LAST FIRST MIDDLE INITIAL			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	REPORTABLE GROSS COMPENSATION
					PRIN EXT N S/D G C	O/C V/O	D/P 3 D/P W-5			

Total Gross Compensation Subject to Contributions \_\_\_\_\_ \$  
 Employer's Contribution @ \_\_\_\_\_ % of Gross Compensation \_\_\_\_\_ \$  
 Liquidated Damages @ \_\_\_\_\_ % (See above) \_\_\_\_\_ \$  
 Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. \_\_\_\_\_

Only Producers who are signatory\* to an applicable collective bargaining contract of the Screen Actors Guild are eligible to make contributions to the Screen Actors Guild-Producers Pension and Health Plans on behalf of the eligible Performers employed by such Producers. Any contributions submitted by a non-signatory\* Producer will not be accepted.

I certify that the above-named Employer is signatory\* to such a collective bargaining agreement with the Screen Actors Guild. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the Pension & Health Provisions established by the collective bargaining agreement to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to contributions earned by Performers in our employ during the period covered has been reported herein.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*A Producer will be considered to be "signatory" if the producer is a party to a collective bargaining agreement with the Screen Actors Guild, or, if the collective bargaining agreement has expired, the producer is obligated by federal law to continue to make such contributions.