



# COMMERCIAL CONTRIBUTION REPORT FORM

Email [AR@iatsetrainingtrust.org](mailto:AR@iatsetrainingtrust.org) with any questions.

| EMPLOYER DETAILS   |                  |
|--|------------------|
| <input type="radio"/> ASSOCIATION OF INDEPENDENT COMMERCIAL PRODUCERS (AICP) <input type="radio"/> NON-MEMBER AICP <input type="radio"/> INDEPENDENT |                  |
| SIGNATORY EMPLOYER   | PRODUCTION TITLE |
| EMPLOYER CONTACT   | CONTACT TITLE    |
| CONTACT EMAIL  | CONTACT PHONE    |

| REPORTING  |  |
|--|--|
|  | PER HOUR FOR EACH HOUR WORKED OR GUARANTEED TO ALL COVERED EMPLOYEES |
|  | REPORTED MONTH AND YEAR  |
|  | TOTAL NUMBER OF WORKED OR GUARANTEED HOURS                           |
|  | TOTAL AMOUNT OF CONTRIBUTIONS DUE                                    |
| <i>PLEASE PROVIDE A LIST OF ALL COVERED EMPLOYEES AND THE TOTAL NUMBER OF HOURS WORKED OR GUARANTEED FOR THIS PAY PERIOD</i> |  |

**CONTRIBUTIONS AND REMITTANCE REPORTS NOT RECEIVED BY THEIR DUE DATE ARE SUBJECT TO INTEREST/LATE FEES/LIQUIDATED DAMAGES**

Please remit a check payable to the **IATSE Training Trust Fund** to:  
PO Box 51317  
Los Angeles, CA 90051-5617