



CONTRIBUTION REPORT FORM

Email AR@iatsetrainingtrust.org with any questions.

EMPLOYER DETAILS	
COMPANY TYPE <input type="radio"/> MOTION PICTURE AND TELEVISION <input type="radio"/> STAGECRAFT <input type="radio"/> TRADESHOW	
SIGNATORY EMPLOYER	PRODUCTION TITLE IF APPLICABLE
PAYROLL COMPANY	CONTACT NAME FROM CHECK ISSUER
CONTACT EMAIL	CONTACT PHONE

REPORTING Select applicable reporting schedule per your collective bargaining agreement	
<input type="radio"/>	% OF GROSS WAGES PAID TO ALL COVERED EMPLOYEES
	REPORTED MONTH AND YEAR
	TOTAL GROSS WAGES PAID TO ALL COVERED EMPLOYEES
	TOTAL AMOUNT OF CONTRIBUTIONS DUE
<i>PLEASE PROVIDE A LIST OF ALL COVERED EMPLOYEES AND THEIR GROSS WAGES FOR THIS PAY PERIOD</i>	

<input type="radio"/>	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</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