

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Example of a properly filled out Interactive Media Contribution Form:

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS																																					
INTERACTIVE/MULTIMEDIA REPORTING FORM																																					
All Information on the form must be completed					Page 1 of 2																																
Studio Code # <u>123456</u>			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.																																		
Signatory Employer <u>Video Game Company, Inc</u>			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.																																		
Street Address <u>123 Main St</u>			Interactive/Multimedia Project Title <u>Super Duper Game</u> Project ID <u>123456</u> Product/Subject <u>Video Game</u> Production Company <u>Video Game Company, Inc</u> Paymaster <u>Payroll Company</u> Length <u>N/A</u> Project Type _____ Sub Project Type: _____																																		
City & State <u>Hollywood, CA</u> Zip <u>90000</u>		Telephone <u>(310) 555-5555</u>																																			
Date Principal Photography Commenced <u>02/11/2013</u>			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR OFFICE USE ONLY</p> <p>Check No. _____</p> <p>Amount \$ _____</p> <p>Date Received _____</p> </div>																																		
Payroll Period Ending <u>02/17/2013</u>																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SOCIAL SECURITY NUMBER (Must be Completed)</th> <th rowspan="2">ORIGINAL DATES WORKED</th> <th colspan="3">PERFORMER'S NAME</th> <th colspan="3">PERFORMER CATEGORY</th> <th rowspan="2">IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID</th> <th rowspan="2">DATES FILED FOR SUPPLEMENTAL USE</th> <th rowspan="2">REPORTABLE GROSS COMPENSATION</th> </tr> <tr> <th>LAST</th> <th>FIRST</th> <th>MIDDLE INITIAL</th> <th>PRN EXT N S/D G C</th> <th>CHR O/C V/O</th> <th>DIP 3 DIP W-S</th> </tr> </thead> <tbody> <tr> <td>123-45-6789 987-65-4321</td> <td>02/11/13</td> <td>Actorson, Actor A</td> <td></td> <td></td> <td>Prin</td> <td></td> <td></td> <td></td> <td></td> <td>1,000.00 1,000.00</td> </tr> </tbody> </table>										SOCIAL SECURITY NUMBER (Must be Completed)	ORIGINAL DATES WORKED	PERFORMER'S NAME			PERFORMER CATEGORY			IF SUPPLEMENTED OR EXPANDED USE ENTER ORIGINAL AMOUNT PAID	DATES FILED FOR SUPPLEMENTAL USE	REPORTABLE GROSS COMPENSATION	LAST	FIRST	MIDDLE INITIAL	PRN EXT N S/D G C	CHR O/C V/O	DIP 3 DIP W-S	123-45-6789 987-65-4321	02/11/13	Actorson, Actor A			Prin					1,000.00 1,000.00
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123-45-6789 987-65-4321	02/11/13	Actorson, Actor A			Prin					1,000.00 1,000.00																											
Total Gross Compensation Subject to Contributions								\$ 2,000.00																													
Employer's Contribution @ 14.8 % of Gross Compensation								\$ 296.00																													
Special Rate Code								_____																													
Liquidated Damages @ 0 % (See above)								\$ 0																													
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS Check No. <u>123456</u>																																					
P.O. Box 54867, Los Angeles CA 90054-0867					Phone (818) 973-4472																																
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.																																					

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

Explanation of Fields

SCREEN ACTORS GUILD- PRODUCERS PENSION AND HEALTH PLANS INTERACTIVE/MULTIMEDIA REPORTING FORM	
All Information on the form must be completed	
Page 1 of 2	
Studio Code # 1 _____ Signatory Employer 2 _____ Street Address _____ City & State _____ Zip _____ Telephone () _____ Date Principal Photography Commenced 3 _____ Payroll Period Ending 4 _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">FOR OFFICE USE ONLY</p> <p>Check No. _____</p> <p>Amount \$ _____</p> <p>Date Received _____</p> </div>	<p>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.</p> <p>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.</p> <p>Interactive/Multimedia</p> <p>Project Title 5 _____</p> <p>Project ID 6 _____</p> <p>Product/Subject _____</p> <p>Production Company _____</p> <p>Pavmaster _____</p> <p>Length _____ Project Type _____ Sub Project Type: _____</p>

1. The **Studio Code Number** we require is the one assigned by SAG-Producers Pension and Health Plans for the Signatory Producer. Please note, that this may or may not be the same number assigned to the company by the SAG-AFTRA Guild offices. Please call the Plan office at 818-973-4472 if you do not know your number.
2. The **Signatory Employer** is the name of the employing entity/production company that has signed the applicable SAG-AFTRA contract.
3. The **Date Principal Photography Commenced** is the first day of shooting. There should only be one Start Date of Principal Photography per project. This date will determine the SAG-AFTRA contract the project is produced under and the P&H rate to be used for the production.
4. The **Payroll Period End Date** identifies the date that the employee (talent) was paid and will determine the quarter that earnings are credited to. This should be the date the check was made to the performer.
5. The **Project Title** refers to the name of the picture being made.
6. The **Project ID** is the internal ID from the signatory or the paying entity's systems. If this number is not available, use the production ID number that is assigned by SAG-AFTRA

SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS

SOCIAL SECURITY NUMBER (Must be Completed)	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	CHR O/C V/O	D/P 3 D/P W-5			
7					8				9	

7. **Social Security Number** – The Performer’s SSN is required here. Please do not submit FID/EIN, etc. information here. In order to process the earnings and provide proper credit to the performer, we require a valid SSN.
8. **Performer Category** is where you will indicate what type of performer the payment was for. Separate forms should be filled out for each performer type.
 - Please use the first column to report:
 - PRIN – Principal
 - EXT – Extra
 - N – Narrator
 - S/D – Solo/Duo
 - G – Group
 - C – Contractor
 - Please use the second column to report:
 - CHR – Dance Choreographers
 - If you are reporting on dance choreographers, please note earnings are subject to review by the Plans based on section 6.G of Schedule J of the Codified Basic Agreement and the Choreographer Form must be filled out to be considered.
 - O/C – Off Camera
 - V/O – Voice Over
 - Please use the third column to report:
 - D/P – Day Player
 - 3 D/P – Three Day Player
 - W-5 – Weekly Player Studio
 - W-6 – Weekly Player Overnight Location
9. **Reportable Gross Compensation**- Please indicate the Performer Compensation that is subject to Pension and Health contributions (i.e. do not report meal penalties, mileage, etc. as they are not reportable to the Plans).

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Total Gross Compensation Subject to Contributions	\$	10	
Employer's Contribution @ % of Gross Compensation	\$		11
Special Rate Code		12	
Liquidated Damages @ % (See above)	\$		13
Make check payable to: SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS		Check No. _____	
P.O. Box 54867, Los Angeles CA 90054-0867		Phone (818) 973-4472	

10. **Total Gross Compensation Subject to Contributions** is the sum of the Performer Reportable Gross Compensation from above.
11. **Employer Contributions**- Please indicate the contribution percentage being paid and the total contribution amount. Please see page two of the contribution form for details.
12. **Special Rate Code**- If you are not paying the standard rate, please indicate what rate type you are paying. Please refer to page two for the contribution form for the codes.
13. **Liquidated Damages**- If contributions are late, Liquidated Damages are due. The amount is based on the total contributions not wages. Please follow instructions on the top right of the Contribution Reporting Form.