Basic Agreement/Freelance Live & Tape Television Agreement - Sideletters - Principal Employees: Contributions Report Form

Please Check Box:

- Low Budget Sideletter Single Project Agreement (Principal/Director, Principal/UPM or AD)
- Low Budget Documentary Sideletter Documentary Made for Theatrical Release (Principal/Director, Principal/UPM or AD)
- Documentary Sideletter Documentary Made for Basic Cable, Pay Cable and Direct-to-Video (Principal/Director)
- Documentary Sideletter Documentary Made for PBS (Principal/Director)
- New Media Sideletter (Principal/Employee)

Employer Information

Employer Information	er Information			Report Information		
Employer Name	Contact Person		Total Contributions Reported (1) \$0.00	Liqui		
Address	Phone Number/Email		Check	Date		

	Employee Information			Project	Wo	ork Period (4)		Budget (5)	Salar	γ(6)		
Last Name	First Name	Job Cat Code	Social Security Number (3)	Title	Begin Date	End Date	# of Work Days	Total Budget Amount & Level/ License Fee	Total Presumed Salary	Applicable/ Prorated Monthly Salary	Employee Pension 2.5%	Emp Per
Please make checks payable	to DGA-PRODUCER PENS	ION &	HEALTH PLANS, INC.						TOTALS	\$	\$	\$

and mail to:

DGA–Producer Pension and Health Plans 5055 Wilshire Boulevard, 6th Floor Los Angeles, CA 90036

If remitting payment electronically, please email this report to: contributions@dgaplans.org Additional copies of this form are available online at www.dgaplans.org/producers. If you have any questions regarding this form you can contact us at (323) 866-2200, ext. 567 or toll-free at (877) 866-2200, ext. 567.

	Notes	
List of Valid Job Category Codes	1) En	nployer contributions are to be made on a monthly basis, no later than the last day of each month for compensation earned during the preceding month.
DR - DirectorK2 - Key 2nd AD2 - 2nd Unit DirectorA2 - 2nd UnitUP - Unit Production Manager2L - 2nd 2nd ASU - UPM Staff Executive12 - 1st AD/2rU1 - UPM/1st Assistant Director1M - AssistantPR - UPM/ProducerAD - Associate1A - 1st Assistant DirectorAS - Associate	sssistant Director 2) Th Assistant Director 3) A Ab/Location Manager 4) Re ad AD be be Director-Multicam be bit DR/Stage Manager 5) If ff DR/Technical Coordinat 6) Re nager bu Page bu Bage bu	The greater of liquidated damages or interest will be charged for late contributions. US Social Security Number is required. Federal ID numbers are not acceptable. aported salary and contributions must be broken down by month, as salary is earned and paid. If reporting on a presumed salary, the presumed salary and content of the project . the reportable presumed salary is based on the license fee, provide the license fee amount. Otherwise, provide the budget amount, deducting budget exclusion deletter. For projects that are not theatrical low budget projects, leave the budget level blank. effer to the project's executed sideletter for presumed or applicable salaries on which to remit contributions. Depending on the sideletter, budget amount, lice itegory, and whether employee is a Principal of the employer, the reportable salaries on which to remit contributions can be a presumed salary of 2% of the budget, 10% of the license fee, the applicable minimum salary, a percentage of the applicable minimum salary, one of various amounts specified in the sideletter add. For salary definitions or contribution ceilings not covered in the sideletter, refer to Article 12 of the Basic Agreement or Articles 11 and 12 of the Freelance elevision Agreement. or all job categories except Directors, Employer Pension rate is 8.5% effective 7/1/21, 8.0% effective 7/1/20 to 6/30/21 and 7.0% effective 7/1/19 to 6/30/22 ension contribution rate applicable to their services on a project is that in effect on the starting date of their employment on the project. then reporting Training Plan/Qual. List contributions, indicate the area ("L" for Southern California or "N" for Greater New York Area). No TP/QL is due for FLTT rojects.

9) Health rate is 10.5% for work performed effective 7/1/13.

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idated Damages/Interest (2)

Contributions to be Sent by Employer									
oloyer Ision	Employer Pension Rate (7)	Training Plan 0.375%	Contract Admin. 0.125% (L) 0.25% (N)	L or N (8)	Employer Health	Health Rate (9)			
	%					%			
	%					%			
	%					%			
	%					%			
	%					%			
	%					%			
	-	\$	\$	-	\$				

l contributions are to

usions specified in the

license fee, job budget, 10% of the etter, or actual salary nce Live and Tape

0/20. For Directors, the

LTTA or New Media