



COMPANY DATA SHEET FOR SIGNATORY EMPLOYERS

Signatory Employer Name (as it appears on the agreement with IATSE or IATSE Local):												
EIN (Employer Identification Number):		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			-							
		-										
Address:												
City:	State:	Zip Code:										
Contact Name(s):												
Phone #:	E-Mail:											
Phone # (Alt):	Fax #:											

COMPANY TYPE (check one):
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietor*

* NOTE: Owners of Sole Proprietorships and Partnerships may not submit contributions on their own behalf

PARENT AND/OR ALTERNATE COMPANY NAMES
Parent Company (if any):
DBAs/Other* (if any):

* The Funds will only accept contribution reports under the listed names with the EIN above.

I certify that the above information constitutes a total and complete listing of all of the information for the above company:	
By: _____	Signature _____
Name (Please Print)	
Title: _____	Date: _____