

EQUITY LEAGUE PENSION, HEALTH & 401(k) WEEKLY CONTRIBUTION REPORT and ACTORS' EQUITY ASSOCIATION DUES REPORT												
Producing Org.		Empl. Agreement No.		City		State						
Name of Theatre				City		State						
Show		Show No.		Contract Type		Fund Office Contact ID No.						
Report for Week Ending		Page 1 of 1 (e.g., 1/1)		Date of 1st Rehearsal		Enter: Wkly (W), Daily(D), or PerPerf(P)						
Opening Date		Closing Date		A (Amended), H (Hiatus)-->		If either apply, enter REP or TOUR ----->						
1	2	3	4	5	6	7	8	9	10	11	12	
Social Security No.	Actors on Equity Contract (include S.M.s) Performing This Week (in Alphabetical Order)		Type of Contract	No. of Rehrl Hours	No. of Perf.	Gross Weekly Payments	Total Weekly Pensionable Payments	401(k) Deferral %	401(k) Deferral Contrib.	401(k) Employer Contrib. %	COMMENTS	
	Last Name	First Name							\$0.00			
									\$0.00			
									\$0.00			
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									\$0.00			
No. Actors W Hlth Cntrbs			TOTALS in Cols. 7, 8 & 10 (calc automatically)				\$0.00	\$0.00	Tot Er 401	\$0.00	<-T Def Cntrb	NOTES
Health Contrib. Rate \$			Working Dues 2.5% of Total Gross Wkly Pmts Col. 7				\$0.00		Cntrb-->	\$0.00		
Total Health Contribution	\$0.00	Pension %	x Total of Column 8				\$0.00	Tax Relief-->	\$0.00	T Non-def	\$0.00	
NON PROFESSIONALS IN CAST			Function	Status	NON PROFESSIONALS IN CAST			Function	Status			
			(PR) (CH)	(EMC)				(PR) (CH)	(EMC)			
LAST NAME, FIRST NAME			(UN) (PA)	(LJ) (ST)	LAST NAME, FIRST NAME			(UN) (PA)	(LJ) (ST)			
PLEASE SUBMIT WEEKLY REPORTS AND PAYMENTS TO:												
<u>Please Submit Weekly Report (this page) Via MailGate</u>						<u>Please Submit Payment Via ACH/Wire To The Bank Account Below</u>						
If you have not signed up for MailGate, simply send an e-mail to accountsreceivable@equityleague.org						Account Title: Equity-League Health Trust Fund						
						Bank Name: BNY Mellon, N.A. 500 Ross Street Pittsburgh, PA 15262						
						Account Number: 9049759 Transit Routing Number: 043000261						
						<u>SEND DUES to:</u>						
						ACTORS' EQUITY REGIONAL OFFICE						
IMPORTANT: To identify your payment, please include the 10-digit agreement number, work period and show name												
If You Need To Mail A Check Please Send To PO Box Below; Send Actors' Equity Membership & Contract Copies to Appropriate AEA Regional Office												
<u>TEMPORARY OPTION</u>			Actors' Equity Assn.- Membership Copy						Actors' Equity Assn. - Contracts Copy			
Equity League Accounts Receivable P.O. Box 360837 Pittsburgh, PA 15251-6837			Signed				Date		Phone			