



**American Federation of
Musicians & Employers'
Pension Fund**

AFM FORM LS-1 AND AFM REMITTANCE FORM LS-1-R
Line by Line Instructions

Front of Form – AFM Form LS-1

The AFM Form LS-1 can not be used for any electronic media work, including broadcasts.

- A. The Local Number of the home Local of the bandleader.
- B. The name of the Employer. This is similar to the information in item S. In the case of a corporate employer, the corporation name should be shown here. In the case of a Sole Proprietor, the Sole Proprietor's name should be shown here.
- C. The date or date range, not more than 31 days in length, on which or during which the engagement(s) reported on the LS-1 occurred.
- D. A description of the venue at which the engagement(s) reported occurred (i.e. Wedding at Hilton Hotel).
- E. The signature, name, title and date of signature of the home Local representative that is accepting the LS-1 on behalf of the Union.
- F. The signature, name, title and date of signature of the Employer. In the case of a corporation, the authorized representative of the employer should sign his/her name and provide their title.
- G. The name of the individual or entity (if any) that has been authorized by the Employer to remit, on the Employer's behalf, pension contributions to the Fund. If pension contributions are not paid, the Employer is not relieved of his obligation to pay pension contributions by delegating this responsibility.
- H. The percentage of covered scale wages to be paid to the Fund as pension contributions. The Fund accepts contribution rates as low as 4% and as high as 15% for local single engagements. The wage, as reflected in the Pensionable Compensation box is the scale wage for pension purposes. Under the Rehabilitation Plan additional contributions are called for. Please see the accompanying chart on page 2 (items Q and R).
- I. Names of the musicians that were employed by the Employer for the reported engagement(s). Only individual, not Personal Service Corporation names, should be listed here. Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) may be accepted by the Fund only if a valid certificate of incorporation (in the case of a corporation) or LLC Addendum (in the case of a limited liability company and available from the Fund Office) is attached to the LS-1. Pension contributions must be paid for every musician who performs on the engagement, including nonunion and foreign nationals.
- J. The correct Social Security Number of the individual listed in item I. Canadian SIN numbers or Federal Employer Identification numbers should not be listed here.
- K. The wages considered scale for this engagement. This is the wage amount that will be subject to the pension contribution rate shown in item H.

- L. Any additional compensation paid which is not subject to pension. This might be payments such as cartage, overscale compensation or expense reimbursement.
- M. The required pension contribution to be paid for wages shown in item K. This should be Item H multiplied by Item K.
- N. Total pensionable compensation for the engagement (item K) for all musicians who performed on the engagement.
- O. Total non-pensionable compensation for the engagement (item L) for all musicians who performed on the engagement.
- P. Total pension contributions (item M) for all musicians who performed on the engagement. This should be equal to Item H multiplied by Item N. This will be the same amount as the check paying pension contributions for the reported engagement(s) that is required to be submitted to the Fund attached to a complete and accurate Form LS-1.
- Q. Check box should match the percentage amount listed on page 1 (item H) for engagement dates through March 31, 2011
- R. Check box should match the percentage amount listed on page 1 (item H) for engagement dates occurring April 1, 2011 and later.
- S. The name of the Employer. This is similar to the information in item B. In the case of a corporate employer, the corporation name should be shown here. In the case of a Sole Proprietor, the Sole Proprietor's name should be shown here.
- T. The Social Security Number of the Employer, in the case of a Sole Proprietor or the Federal Employer Identification Number in the case of corporate employers.
- U. This should be the same as item C.

(Note: For Items I through M attach additional sheets if necessary)

Contributions under this Agreement on behalf of any owner or part-owner of the Employer (or designates a third party to make such contributions) may be accepted by the Fund only if a valid certificate of incorporation (in the case of a corporation) or LLC Addendum (in the case of a limited liability company and available from the Fund Office) is attached to this form.

The complete and accurate Form LS-1 and Form LS-1-R, if applicable, with all necessary attachments and the check paying pension contributions, made payable to "AFM & EP Pension Fund", should be delivered to the Local office, if the Local is party to the Fund's "Cash Receipts Procedures for Locals that Receive Pension Contributions Directly from Employers ("Procedures)". If the Local is not party to the Procedures, all contributions to the Fund and the Form LS-1 and Form LS-1-R must be sent directly to the Fund at:

AFM & EP Fund
One Penn Plaza – Suite 3115
New York, NY 10119

Pension contributions must be paid no later than 30 days after the engagement. If a pension contribution is paid later than this date the contributions will be subject to a late payment interest charge.