



Company Data Sheet

A. SIGNATORY COMPANY INFORMATION

(Please print or type)

Company Name:	
Address:	Phone:
	FAX:
	E-Mail:
Contact:	Phone:

B. CONTROLLING EMPLOYEE(S) / OFFICER(S) INFORMATION

(Required)

CONTROLLING EMPLOYEE / OFFICER NAME	SOCIAL SECURITY NUMBER	TITLE	UNION AFFILIATION	
			NO	YES/UNION

A Controlling Employee includes any employee who is also a shareholder of the corporation or member of the LLC or an officer of the Employer or the spouse of such a shareholder, member of the LLC or officer. Please be aware that in the event a Controlling Employee of a participating Employer performs work for that Employer under their collective bargaining agreement, that Employee is bound to the Controlling Employee provisions of the MPI, as set forth in Section 4 of Exhibit "A" to the MPI Trust Agreements. Information pertaining to this provision can be found under the Employer Accounts section of the MPI website (www.mpiphp.org). Please confirm below whether any Controlling Employees of the Employer will be performing covered work under the Employer's collective bargaining agreement.

I hereby confirm that Controlling Employee(s) of the above-referenced Employer do do not perform covered work under the Employer's collective bargaining agreement.

C. ADDITIONAL INFORMATION

Company Type: (Check one)	<input type="checkbox"/> SOLE PROPRIETORSHIP (Sole Proprietorships are not permitted to submit contributions for the owner)	Company Identification Numbers
	<input type="checkbox"/> LIMITED LIABILITY CORPORATION (List ALL Members above and, if applicable, their union affiliation)	Fed ID#:
	<input type="checkbox"/> A CORPORATION (List ALL Principals above and, if applicable, their union affiliation)	State Employer Id#:
	<input type="checkbox"/> A PARTNERSHIP: <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnerships are not permitted to submit contributions for the partners)	State Corp. ID#:

Company's Principal Production or Service is:

Is this Company a Permanent Facility? (A Permanent Facility maintains a permanent address with year-round staff providing a service, e.g., costume house, editing facility)

Yes No

Does this Company have any affiliated/related entities? (e.g., parent company, subsidiaries, DBA's, etc.)

Yes-Please list No

D. REPORTING AND CONTRIBUTING INFORMATION

Individuals authorized to act on behalf of company in reporting and contributing:

Name:	Title:	Phone:	Ext:
Name:	Title:	Phone:	Ext:

E.. I certify that the above information constitutes a total and complete listing of all information for the above company.

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Name

Signature

Title

Date