



11365 Ventura Boulevard • Studio City, California 91604-3148
 Mailing Address:
 P.O. Box 1999, Studio City, California 91614-0999
 818 or 310.769.0007 • Outside So. Cal. 888.369.2007
 FAX: 818.766.9563
 www.mpiphp.org

Company Data Sheet

A. SIGNATORY COMPANY INFORMATION
 (Please print or type all information.)

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

B. CONTROLLING OFFICER/SHAREHOLDER INFORMATION
 Please fill in all officer/shareholder information.

OFFICER/SHAREHOLDER NAME	S.S. NUMBER	TITLE	% OF SHARES	UNION AFFILIATION	
				NO	YES/UNION

C. ADDITIONAL INFORMATION

Company's Principal Production or Service is:				
Company Type: (Check one)	<input type="checkbox"/> SOLE PROPRIETORSHIP (Ownership)	<input type="checkbox"/> A PARTNERSHIP: <input type="checkbox"/> General <input type="checkbox"/> Limited	Company Identification Numbers	
	<input type="checkbox"/> LIMITED LIABILITY CORPORATION (List ALL Members and, if applicable, union affiliation)			Fed ID#:
	<input type="checkbox"/> A CORPORATION (List ALL Principals and, if applicable, union affiliation)			State Employer ID#:
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)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this Company have any affiliated/related entities? (e.g., parent company, subsidiaries, DBA's, etc.)			<input type="checkbox"/> Yes (Please list below) <input type="checkbox"/> No	

D. REPORTING AND CONTRIBUTING INFORMATION

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

Name:	Title:	Ph#:	Ext:
Name:	Title:	Ph#:	Ext:

Check One: Coversheet, detail and check to be sent under separate cover for hours worked or guaranteed for all covered employees.
 Inactive from effective date of Agreement; no covered employees. We will notify the Plans of any changes in activity or status of this company immediately.

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

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