

SAG-AFTRA Sound Recordings  
 Session Report  
 and H&R Report

\_\_\_\_\_  
 Signatory Company Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Job Number

Screen Actors Guild - American Federation of Television and Radio Artists

260 Madison Avenue  
 New York, NY 10016  
 (212) 532-0800

5757 Wilshire Blvd., Suite 900  
 Los Angeles, CA 90036-3689  
 (323) 634-8100

1108 17th Avenue South  
 Nashville, TN 37212  
 (615) 327-2944

One East Erie, Suite 650  
 Chicago, IL 60611  
 (312) 573-8081

**NOTICE:**

It is the responsibility of the Member to file the original copy of the report with the SAG-AFTRA Local Office within 48 hours of the session and deliver all other copies to employer at end of session.

Type of Recording:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Album	<input type="checkbox"/>	Classical	<input type="checkbox"/>	Conversion	<input type="checkbox"/>	Music Video Move-Over	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Date of Employment \_\_\_\_\_ Recording Studio \_\_\_\_\_ Address \_\_\_\_\_

Featured Artist / Project Title \_\_\_\_\_ Label \_\_\_\_\_

Producer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Song No.	Record (Title)	MUST PROVIDE		Song No.	Record (Title)	MUST PROVIDE	
		OverDubs	Playing Time			OverDubs	Playing Time
1				5			
2				6			
3				7			
4				8			

List All Artists (Incl. Royalty Artist) Name (Last, First, MI) Social Security Number	Home Address (Street, City, State & Zip)	Song No.	Cate- gory	Time		No. of Sides	No. of Hours	Gross Compensation
				From	To			

This engagement governed by and subject to the applicable terms of the SAG-AFTRA National Code of Fair Practice for Sound Recordings

Total All Gross Compensation \_\_\_\_\_

13% SAG-AFTRA Health & Retirement \_\_\_\_\_

\_\_\_\_\_  
 Signatory Company Name

Key to Category	Groups 9-16	S9	Groups 36 Plus	S36	Sound Effects	SE	Narrator	N
Soloists-Duos	Groups 17-24	S17	Contractor	CM	Actor	A	Announcer	ANN
Groups 3-8	Groups 25-35	S25	Step-Out	S0	Comedian	CM		

Additional Remarks \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Signature of Employer or Representative \_\_\_\_\_ Signature of SAG-AFTRA Member \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_