

## Instructions for Submitting a Report of Contributions

If you are not using a payroll service to report contributions for your employees, contributions must be reported to MPI using an appropriate Report of Contributions (Coversheet and Detail Sheet). The following is a step-by-step guide to assist you in completing and submitting your weekly reports.

In order for MPI to properly process reports, each Report of Contributions has a certain Rate Group number assigned. Each Rate Group is associated with different contribution rates. It is important that you review your Collective Bargaining Agreement (CBA) to identify which rates apply. This information, along with your Employer Identification and Production Identification Numbers, will be mailed to you shortly after MPI receives your CBA.

A Report of Contributions consists of two pages: the first page is the Report of Contributions Coversheet and the second page is the Report of Contributions Participant Detail Sheet. The Report of Contributions Coversheet is a summary of the total hours and contributions due for a reporting period, and the Participant Detail Sheet is the detailed breakdown of that summary.

**NOTE:** If you have no covered employees to report but you are notifying MPI of a period of inactivity, you need only complete Lines A – E of the Report of Contributions Coversheet and check the box located below Line E.

If you have questions about any of the following information, please contact the Employer Contracts Department at [employercontracts@mpiphp.org](mailto:employercontracts@mpiphp.org), or at (818) 769-0007, extension 478.

### **STEP 1: REPORT OF CONTRIBUTIONS PARTICIPANT DETAIL SHEET**

Start by filling out the top portion of the Participant Detail Sheet:

<b>EMPLOYER</b>	The name of your company, as shown on your CBA.
<b>EMPLOYER ID</b>	The Employer Identification Number assigned to your company by MPI. This information will be mailed to you shortly following MPI's receipt of your CBA.
<b>ADDRESS</b>	The primary mailing address of your company.
<b>CLIENT CO</b>	Applicable to payroll companies only; in this space, provide the name of the client company for which you are reporting.
<b>EMPLOYER ID</b>	Applicable to payroll companies only; in this space, provide the Employer Identification Number assigned to your client company by MPI.
<b>PRODUCTION TITLE</b>	The name of the production on which your employees were working for this reporting period.
<b>PRODUCTION ID</b>	The Production Identification Number assigned to this title by MPI. This information will be mailed to you shortly following MPI's receipt of your CBA.
<b>NUMBER OF WEEKS</b>	The number of weeks you are reporting.
<b>PERIOD FROM</b>	The start date of the payroll period being reported. Please make sure not to overlap the dates provided in MPI's <a href="#">Cut-Off Notice</a> .
<b>PERIOD TO</b>	The end date of the payroll period being reported. Please make sure not to overlap the dates provided in MPI's <a href="#">Cut-Off Notice</a> .

Next, fill out the lower portion the Participant Detail Sheet. Complete an entry for each covered employee who worked during the payroll period being reported. Start with filling in the Social Security Number and full name (last name, first name) of the covered employee, then move on to the next sections:

<b>Union &amp; Class Codes</b>	<p>The occupation code for the employee(s) consists of a 4-digit identifier contained in your CBA; the first two digits represent the <b>Union Code</b> assigned to a participating Local or Guild.</p> <p>For information on the first two numbers of the occupation code – also known as the Union Code - and their related Locals, please see MPI’s <a href="#">Chart of Unions, Rates and Reports</a>.</p> <p>The second 2-digits following the Union Code represent the <b>Classification Code</b>. This code identifies the type of work performed by the employee(s).</p> <p>Both of these classification codes can be found in your CBA’s Wage Scale section.</p>
<b>Scale</b>	The scale Regular Basic Hourly Rate of pay provided in your CBA.
<b>Schedule</b>	The letter the Union has assigned to your employee’s schedule (i.e. daily, exempt) within your CBA. For example, Schedule A is commonly used to determine a Daily employee and Schedule B is commonly used to determine a Weekly employee. Since these schedules may vary, it is important you consult your CBA for this information.
<b>Hours</b>	The number of hours the employee worked or is guaranteed, whichever is greater, during the payroll period you are reporting. Be sure to round up partial hours to the nearest 10 <sup>th</sup> (for example, if the employee worked 7.75 hours, report 7.8 hours).
<b>IAP%</b>	This contribution is the applicable percentage (contained in your CBA) of the Regular Basic Hourly Rate of pay for all hours worked or guaranteed, whichever is greater. To calculate the amount due, multiply the Regular Basic Hourly Rate of pay by the number of hours the employee worked or was guaranteed during the payroll period; multiply that total by the applicable percentage contained in your CBA (for example, \$20 x 40 = 800 x 6% = <b>\$48.00</b> ).

For information pertaining to IAP percentage rates contained in most CBAs, please consult the [Individual Account Plan \(IAP\) Percentage Chart](#).

Finally, add the total number of hours and IAP dollars being reported; put those totals in the space provided at the bottom of each applicable column.

✓ **STEP 2: REPORT OF CONTRIBUTIONS COVERSHEET**

After the Participant Detail Sheet is completed, the totals must be transferred to the Coversheet. Start by completing lines A – E of the coversheet. If you are providing a new mailing address, please check the box provided. Proceed to the lower portions of the Coversheet.

<b>Pension/Health Contribution Rate</b>	Transfer the total hours indicated on the Participant Detail Sheet and list it on the TOTAL HOURS line. To determine the amount of Pension and Health contributions due for this report, multiply the total number of hours by the hourly contribution rate indicated, and list that amount in the line located to the right of that section.
<b>Individual Account Plan Percentage Contribution</b>	Transfer the total amount of IAP dollars reported on the Participant Detail Sheet to the space provided in this section.

<b>Contract Services Administration Trust Fund (CSATF)</b>	<p>Determine what rate of contribution is due to CSATF, if applicable. Lines I – IV represent the different CSATF fees that may be due under your CBA. Please consult your CBA for this information, and list the total amount of hours worked for only those individuals employed under a CBA requiring CSATF contributions.</p> <p>Multiply the number of hours by the applicable CSATF fee, and list the amount in the line(s) located to the right.</p>
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Add up all of the amounts you listed in the three sections described above, and put the total in the **AMOUNT DUE** line at the bottom of the page. If your company has a credit from advance payments or overpaid contributions, and you wish to apply that credit toward this report, put the amount of credit in the **Less amount previously remitted** line. Subtract the amount of the credit being applied from the **AMOUNT DUE**, and put this number on the **TOTAL AMOUNT DUE** line.

If there is no available credit, the **AMOUNT DUE** and **TOTAL AMOUNT DUE** Lines will be identical.

Finally, sign and date the report in the spaces provided. Prepare a \***company** check, payable to MPIPHP, for the **TOTAL AMOUNT DUE** shown on the Report of Contributions Coversheet. Mail the check and both pages of your contribution report to MPIPHP, P.O. Box 1999, Studio City, CA 91614-0999.

\***Personal checks will not be accepted.**



Plan office use only:	
Emp # _____	Report # _____
TID# _____	Batch # _____

**REPORT OF CONTRIBUTIONS COVERSHEET  
RATE GROUP 40 – INCLUDES IAP%**

(A) Employer: **HOLLYWOOD STUDIOS, INC.** Employer ID: **12345**

(B) Address: **12345 Hollywood Blvd.** Check box if address changed:   
**Hollywood, CA 91601**

Phone: **310-555-2351** Fax: **310-555-2352** E-Mail: **joehollywood@hollywoodstudios.com**

(C) No. of Weeks: **1** From: **11/01/2015** To: **11/07/2015**

(D) Client Co.: \_\_\_\_\_ Client ID: \_\_\_\_\_

(E) Prod. Title: **HOLLYWOOD STORIES** Prod. ID: **55555**

IF YOU HAVE NO COVERED EMPLOYEES FOR THIS PERIOD, CHECK THIS BOX:

**PENSION /HEALTH CONTRIBUTION RATE (Effective August 2, 2015):**

Active Health:	\$4.3500			
Retiree Health:	0.3710			
Pension:	1.4465			
<b>Total Hourly Composite:</b>	<b>\$6.1675</b>			
<b>TOTAL HOURS:</b>	<u><b>120</b></u>	<b>X \$6.1675</b>	<b>=</b>	<b>\$ <u>740.10</u></b>

<b><u>INDIVIDUAL ACCOUNT PLAN PERCENTAGE CONTRIBUTION</u></b>	<b>IAP% TOTAL</b>	<b>\$ <u>254.55</u></b>
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**CONTRACT SERVICES ADMINISTRATION TRUST FUND (CSATF)**

I. Film Labs, Costume Houses:	<b>TOTAL HOURS:</b> _____	<b>X \$ .0104</b>	<b>=</b>	<b>\$ _____</b>
II. Location Managers Agreement:	<b>TOTAL HOURS:</b> _____	<b>X \$ .1350</b>	<b>=</b>	<b>\$ _____</b>
III. I.A.T.S.E. All OTHERS	<b>TOTAL HOURS:</b> <u><b>120</b></u>	<b>X \$ .3600</b>	<b>=</b>	<b>\$ <u>43.20</u></b>
IV. Animation Guild, L-839 Agreement Production Office Coordinators, L-871 Amendment Agreement Assistant Production Office Coordinators, L-871 Amendment Agreement Art Department Coordinators, L-871 Amendment Agreement	<b>TOTAL HOURS:</b> _____	<b>X \$ .0600</b>	<b>=</b>	<b>\$ _____</b>

<b>AMOUNT DUE:</b>	<b>\$ _____</b>
Less amount previously remitted:	<b>\$ ( _____ )</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$ <u>1,037.85</u></b>

**Note: Please submit ONE contribution check.  
Make check payable to: MPIPHP**

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

REPORT OF CONTRIBUTIONS PARTICIPANT DETAIL SHEET

**RATE GROUP 40**

(BE SURE TO PROVIDE SOCIAL SECURITY NUMBERS AND OCCUPATION CODES)

ALL INFORMATION MUST BE LEGIBLE

Page: \_\_\_\_\_

EMPLOYER: HOLLYWOOD STUDIOS, INC. EMPLOYER ID: 12345  
 ADDRESS: 12345 Hollywood Blvd., Hollywood, CA 91601  
 CLIENT CO. \_\_\_\_\_ EMPLOYER ID: \_\_\_\_\_  
 PRODUCTION TITLE: HOLLYWOOD STORIES PRODUCTION ID: 55555  
 NUMBER OF WEEKS: 1 PERIOD FROM: 11/01/2015 TO: 11/07/2015

SOCIAL SECURITY NO.			NAME OF PARTICIPANT (Last Name, First Name)	Occupation Codes		SCALE	SCHEDULE	HOURS	IAP % CONTRIB.	
				UNION CODE	CLASS CODE					
555	55	5555	SPADE, JOE	77	01	\$32.75	A	60	\$117.90	
555	44	5544	ARCHER, MARY	73	32	\$37.96	B	60	\$136.65	
* Hours are to be indicated in decimals to one place only, i.e. 00.0								<b>TOTAL</b>	<b>120</b>	<b>\$254.55</b>