INTERNATIONAL ALLIANCE THEATRICAL STAGE EMPLOYEES
AND MOVING PICTURE TECHNICIANS, ARTISTS, AND ALLIED CRAFTS OF U.S. AND CANADA
LOCAL UNION NO. 122
3737 Camino Del Rio S., ste. 307, SAN DIEGO, CALIFORNIA 92108
PHONE 619-640-0042
FAX 619-640-0045

JOB #

STEWARD'S REPORT

DATE:

ATTRACTION: **LOCATION:**

NAME	DEPT.	PERF./1.5 PERF.	Straight/Double time	1.5x / 2.25 time	3x/Special Rate	SUB TOTAL	2% Vacation	GROSS WAGES
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					Sub Totals	$ 0.00	$ 0.00	$ 0.00

$ 0.00 0 % of Subtotal Wages - Health and Welfare % of
$ 0.00 0 Subtotal Wages - Pension Plan
$ 0.00 $ 0.00 per hour worked - Theatrical Training Fund
$ 0.00 **Subtotal - San Diego Theatrical Trust Fund**
$ 0.00 0 %of Subtotal Wages - IATSE Annuity Plan, New York
$ 0.00 **TOTAL BENEFITS**

Check This Box For Vacation Pay ☐

TOTAL BENEFIFS	$ 0.00
TOTAL REPORT	$ 0.00

1. Make one check for H&W, Pension, and Training Contribution (**Subtotal** above) payable to: **Theatrical Trust Fund Account** C/O: San Diego Theatrical Trusts, P.O. Box 51992, Los Angeles, CA. 90051-6292.
2. Make one check (4%) Payable to: **IATSE National Benefit Funds**, PO Box 11944., Newark, NJ. 07101-4944

ALL WAGE CHECKS TO BE MADE OUT TO EACH INDIVIDUAL LISTED ABOVE (NOT TO LOCAL UNION)

The undersigned employer agrees to contribute the total of the HEALTH & WELFARE, PENSION & TRAINING TRUST when applicable to the THEATRICAL TRUST FUND ACCOUNT, C/O SAN DIEGO THEATRICAL TRUSTS, PO BOX 51992, LOS ANGELES, CA 90051-6292 and the IATSE NATIONAL BENEFIT FUND, PO BOX 11944, NEWARK, NJ 07101-4944, for all employees hereunder for the duration of the contract. Such funds having been established by the union in conjunction with certain employers obligated by collective bargaining agreements for the purpose of continuing the IATSE Local 122 Health & Welfare, Pension & Training Trust when applicable and the IATSE Annuity Fund. The funds are joint trusts operated by an equal number of employer and union trustees. The undersigned employer hereby agrees to adhere to and be bound by all of the terms and provisions of said trust agreements and specifically agrees to be represented at all times in administration of said Health & Welfare, Pension & Training Trust funds by the trustees for employers designated and appointed by the signatory employers named in and parties to such trust agreements.

I accept the stipulations as noted on this report.

NAME OF EMPLOYER

STEWARD'S SIGNATURE

ADDRESS

SIGNATURE OF AUTHORIZED AGENT

DATE