

EMPLOYER REMITTANCE FORM

To: United Scenic Artists Local 829 401(k) Retirement Plan
 c/o Administrative Services Only, Inc.
 303 Merrick Road, Suite 300
 Lynbrook, NY 11563

1. Name and Address of Employer: _____

2. Reporting period for which contributions are remitted: _____

3.

Covered Employees ¹	Social Security Number	Gross Wages ² for Reporting Period	401(k) ³ Deferrals for Reporting Period	Matching Contributions for Reporting Period (if applicable)	Show, Commercial, Movie (if applicable)

(Continue on second sheet if necessary)

1. List all USA829 covered employees, even if they do not elect to differ any wages into the USA 829 401(k) Plan. Note: employees paid on 1099s are not eligible to participate in the Plan. Include gross wages for all eligible covered employees, including those who do not elect 401(k) deferrals.
2. Gross wages are calculated before union dues check-off, 401(k) contributions, cafeteria plan contributions, or transportation fringe benefit contributions.
3. If no deferrals are elected by a covered eligible employee, put "O".

Note: Department of Labor regulations require remittance of 401(k) deferrals as soon as administratively feasible, but no later than the 15th business day of the month following the month in which 401(k) contributions were withheld from the employee's paycheck.

Payments received after the 20th business day of the month following the reporting period will incur interest and liquidated damages of 2% per month.