



**ACTRA**

**PRODUCER REMITTANCE REPORT FORM FOR MINOR'S TRUST DEDUCTIONS**

Article A2716 of the Independent Production Agreement reads as follows:

After a Minor's total lifetime remuneration reaches \$5,000, 25% of the Minor's gross remuneration shall be deducted from the total payment due to the Minor by the Producer and remitted to the ACTRA PRS, which shall hold such monies in trust for the Minor upon terms and conditions consistent with the obligations of the ACTRA PRS to act as a Trustee. ACTRA PRS shall keep track of the Minor's earnings to determine whether the \$5,000 level is reached.

For inquiries only contact: **prs@actra.ca**  
 Tel: (416) 489-1311  
 Toll Free: 1-800- 387-3516  
 Fax: (416) 489-1040

**Please remit this form together with payment(s) to the Stewarding ACTRA Branch in keeping with payroll obligations referred to in the IPA.**

Producer/Employer \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Date Principal Photography Commenced** \_\_\_\_\_  
 (must be completed)  
**Payroll Period Ending** \_\_\_\_\_  
 (must be completed)  
**Name of Program** \_\_\_\_\_  
 (must be completed)

**FOR ACTRA OFFICE USE ONLY**

**Cheque Number:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

List only the Minors employed during the above-indicated week for whom Minor's Trust deductions are due to ACTRA PRS.

SOCIAL INSURANCE NUMBER	LAST	PERFORMER'S NAME FIRST	INITIAL	PERFORMANCE CATEGORY	MINOR'S GROSS EARNINGS	Trust Deduction - 25% of Gross Earnings

**Total Gross Compensation remitted to ACTRA:**                    \$ \_\_\_\_\_

**Late Penalty Charges (A3602):**    \$ \_\_\_\_\_

**PLEASE MAKE CHEQUE PAYABLE TO: ACTRA PERFORMERS' RIGHTS SOCIETY**

Only Producers who are signatory to the Independent Production Agreement ("IPA") are eligible to make contributions to ACTRA on behalf of the eligible Performers employed by such Producers. Any contributions submitted by a non-signatory Producer will not be accepted.

I certify that the above-named Employer is signatory to the IPA. By signing this agreement, Producer acknowledges that it has accepted and agreed to be bound by the IPA to which Producer is signatory. I further certify that the information contained herein is correct, and that all compensation subject to Minors' Trust deductions (25% of Gross Earnings) during the period covered has been reported herein.

Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_