HTS PROTECT YOUR PUBLISHING RIGHTS PROTECT YOUR PUBLISHIN

# Publishing Split Sheet for Collaborators



Junn's

PRESENTED BY CD BABY 02023 VOL. 2

# PUBLISHING SPLIT SHEET FOR COLLABORATORS

## Step 1

Fill out all the info about this specific song.

#### SONG TITLE:

ARTIST / BAND NAME:

DATE:

LABEL:

STUDIO NAME:

**STUDIO ADDRESS:** 

**STUDIO PHONE NUMBER:** 

## Step 2

Complete the following info about each & every songwriter that contributed to this specific song. Cross out any blank spaces.

> Check this box if there are additional writers. If so, attach a sheet that follows this exact same format listing any additional writers, and is signed by all other writers in the

attachment.

This is to confirm that we, the sole writers of the composition listed above (the "Composition"), hereby agree between ourselves to the following writers' divisions:

PHONE NUMBER: NFO IF APPLICABLE): PUBLISHING 3
NFO IF APPLICABLE):
•
PUBLISHING 9
r obelorming /
PUBLISHING 9
IIP %:
APPLICABLE):

# PUBLISHING SPLIT SHEET FOR COLLABORATORS

The writers hereby warrant, represent and agree that there are no samples, interpolations, replays, or other third party copyrighted material (individually and collectively, "Sample(s)") contained in the Composition. If a Sample should become the subject of a copyright claim in connection with the Composition and the writer(s)/publisher(s) Sampled are to receive a copyright interest in the Composition and/or payment of monies attributable to the Composition, then we agree that our own shares in the copyright and/or monies attributable to the Composition shall not be reduced unless we are the individual party responsible for furnishing such Sample(s). This Agreement shall be governed by and construed under the laws of the State of \_\_\_\_\_. (Insert State)

Writer	2:					
FIRST NAME	FIRST NAME:		DLE NAME:	LAST NAME:		
ADDRESS:						
	RESS:			PHONE NUMBER:		
PUBLISHING		<b>NY</b> (LIST ANY 3R	D PARTY PUBLISHIN	NG CO. & INFO IF APPLICABLE):		
				PUBLISHING %:		
				PUBLISHING %:		
PRO AFFILIA	ATION (SEI	LECT ONE):	WRITER'S O	WNERSHIP %:		
ASCAP	BMI	SEASAC				
SOCAN	PRS		CAE / IPI NUI	MBER (IF APPLICABLE):		
OTHER:						
SIGNATURE	:					

RST NAME:		MIDDLE NAME:	LAST NAME:
DDRESS:			
MAIL ADDRES	SS:		PHONE NUMBER:
	OMPAN	<b>Y</b> (LIST ANY 3RD PARTY PUBLIS	HING CO. & INFO IF APPLICABLE):
	OMPAN	<b>Y</b> (LIST ANY 3RD PARTY PUBLIS	HING CO. & INFO IF APPLICABLE): PUBLISHING %:
	OMPAN	<b>Y</b> (LIST ANY 3RD PARTY PUBLIS	
UBLISHING C		Y (LIST ANY 3RD PARTY PUBLIS	PUBLISHING %:
UBLISHING CO RO AFFILIATIO			PUBLISHING %:
PUBLISHING CO PRO AFFILIATIO ASCAP	<b>ON</b> (SELE	ECT ONE): WRITER'S SEASAC	PUBLISHING %:

### Step 3

Make a copy and give it to each writer that is signing this split sheet.