



# SAG-AFTRA DAILY CONTRACT (DAY PERFORMER) FOR THEATRICAL MOTION PICTURES

**SAG-AFTRA.**

**THE PERFORMER MAY NOT WAIVE ANY PROVISION OF THIS CONTRACT WITHOUT THE WRITTEN CONSENT OF SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS ("SAG-AFTRA").**

Date: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_ Job/Est. #: \_\_\_\_\_  
Production Title: \_\_\_\_\_ Performer: \_\_\_\_\_ U.S. Citizen?  Yes  No  
Production Co: \_\_\_\_\_ Role: \_\_\_\_\_  
Prod. Number: \_\_\_\_\_ Daily Rate/Compensation \$ \_\_\_\_\_

<b>Classification:</b>	<input type="checkbox"/> On-Camera	Check all that apply:	<input type="checkbox"/> Principal Performer	<input type="checkbox"/> Extra	<input type="checkbox"/> Solo / Duo	<input type="checkbox"/> Contractor
<input type="checkbox"/> Off-Camera	<input type="checkbox"/> Stunt Performer		<input type="checkbox"/> Stand-In	<input type="checkbox"/> Group 3-5	<input type="checkbox"/> Multi-tracking	
	<input type="checkbox"/> Narrator		<input type="checkbox"/> Singer	<input type="checkbox"/> Group 6-8	<input type="checkbox"/> Sweeten: # of tracks _____	
	<input type="checkbox"/> Character Voice		<input type="checkbox"/> Dancer	<input type="checkbox"/> Group 9 +	<input type="checkbox"/> Other _____	

**If Recording Trailers** ▶ \_\_\_\_\_ # Trailers \_\_\_\_\_ # Tags Notes: \_\_\_\_\_

Complete for **DROP-AND-PICK-UP Deals ONLY:** Pick-up as:  Day Performer  Weekly Performer  
Firm recall date on: \_\_\_\_\_ or, On or after: \_\_\_\_\_  
*("On or after" = date specified or within 24 hours thereafter and only applies to pick-up as Weekly Performer.)*

**Employer of Record for income tax and unemployment insurance purposes:**  
Talent Entertainment And Media Services, Inc.  
**dba TEAM**  
901 W. Alameda Ave., Suite 100  
Burbank, CA 91506-2801

**Work Takes Place** ▶ City/State: \_\_\_\_\_ Location/Studio/ISDN: \_\_\_\_\_

**Wardrobe supplied by Performer** ▶  Yes  No

If "yes," # of outfits: \_\_\_\_\_ @ \$ \_\_\_\_\_ or Formal #: \_\_\_\_\_ @ \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ .

**Weekly Conversion Rate** \$ \_\_\_\_\_ **Date of Performer's next engagement:** \_\_\_\_\_

**Notices/Payments**

Until **Performer** shall otherwise direct in writing, Performer authorizes Producer to make all payments to which Performer may be entitled hereunder as follows:

- To Performer at (address): \_\_\_\_\_
- To Performer c/o Agent: \_\_\_\_\_ (address): \_\_\_\_\_  
(phone): \_\_\_\_\_

All notices to **Producer** shall be addressed as follows:

To Producer at (address): \_\_\_\_\_ (phone): \_\_\_\_\_

The employment is subject to all the provisions and conditions applicable to the employment of DAY PERFORMER contained or provided for in the current SAG-AFTRA Agreement for Independent Producers of Theatrical Motion Pictures as the same may be supplemented and/or amended.  
The Performer  (does)  (does not) hereby authorize the Producer to deduct from the compensation hereinabove specified an amount equal to \_\_\_\_\_ percent of each installment of compensation due the Performer hereunder, and to pay the amount so deducted to the Motion Picture & Television Relief Fund of America, Inc.

**SPECIAL PROVISIONS** (including adjustments, if any, for Stunt Performers): \_\_\_\_\_  
Performer acknowledges that he or she has read all the terms and conditions in the Special Provisions herein and hereby agrees thereto.  
\_\_\_\_\_  
Signature of Performer

**PRODUCER (Name of Company):** \_\_\_\_\_ **PERFORMER:** \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE TO PERFORMER: IT IS IMPORTANT YOU RETAIN A COPY OF THIS CONTRACT FOR YOUR RECORDS.**

*Production Time Reports are available on the set at the end of each day, and a Timecard is found on page 2 of this contract. Either the Timecard or the Production Time Report shall be signed or initialed by the performer for each workday. Attached hereto for your use is the Declaration Regarding Income Tax Withholding.*

DATE	WORKTIME FROM TO	MEALS FROM TO	MAKEUP/FITTING FROM TO	TRAVEL TO LOC FROM TO	TRAVEL FROM LOC FROM TO	PERFORMER'S INITIALS

<b>LOAN-OUT CORPORATION</b>	
<input type="checkbox"/> Performer is working through a loan-out Corporation. Corporation name: _____ FID #: _____	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for _____, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>TALENT ENTERTAINMENT AND MEDIA SERVICES, INC.</b> <b>dba TEAM</b>		9 Office code (optional) _____ 10 Employer identification number (EIN) _____