



SAG-AFTRA INFOMERCIAL MEMBER REPORT



SAG-AFTRA.

Infomercials Produced Under:

Commercials Contract (**SAG P&H**)

Network Code (**AFTRA H&R**)

Engagement:

Date: _____ Hour: _____

Location /Studio /ISDN: _____

City /State: _____

Wardrobe Furnished By:

PRODUCER PERFORMER

Non-Evening Wear ___ (#) @ \$ _____

Evening Wear ___ (#) @ \$ _____

Special ___ (#) @ \$ _____

Total Wardrobe fee: \$ _____

Members are responsible for filing their own Member Report with their nearest local SAG-AFTRA office or making certain that one is filed on their behalf.
 SAG-AFTRA National Office – 5757 Wilshire Boulevard, 7th Floor, Los Angeles, CA 90036 – (323) 549-6858

Performer Name:	Signatory Name:
SSN:	Signatory Street Address:
Performer Street Address:	Signatory City, ST, Zip:
Performer City, ST, Zip:	Signatory Phone:

Sponsor, Product or Service:	Number of Infomercials:	Length of each Infomercial:
Titles of Infomercial(s):		

<p>Type of Performance:</p> <p><input type="checkbox"/> Principal or Host (On- or Off-Camera) <input type="checkbox"/> Extra</p> <p><input type="checkbox"/> Announcer (Off-Camera) <input type="checkbox"/> Other (explain) _____</p> <p><input type="checkbox"/> 5 Lines or Less / Model _____</p>	<p>Initial Release to: (check all that apply)</p> <p><input type="checkbox"/> Basic Cable <input type="checkbox"/> Broadcast</p> <p>Date of Initial Broadcast (if known): _____</p>
Compensation:	

Notices/Payments:

To Performer at address above, **OR** To Performer at (address): _____

To Performer c/o **Agent:** _____ (address): _____

(phone): _____

SPECIAL PROVISIONS

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

The information contained in this Report is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the performer whose name is listed hereon. This engagement shall be governed by and be subject to the applicable terms and conditions of the SAG-AFTRA Infomercial Agreement.

PERFORMER (print): _____	PRODUCER (Name of Company): _____
Signature: _____	Signature: _____
Phone: _____	Print Name/Title: _____
Email: _____	Email: _____
Date: _____	Date: _____

Performer hereby certifies that he/she is 21 years of age or over (if under 21 years of age this contract must be signed below by a parent or guardian).

I, the undersigned, hereby state that I am the parent/guardian of the above named Performer and do hereby consent and give my permission to this agreement.

Signature of Parent/Guardian: _____ Mother Father Guardian



SAG-AFTRA INFOMERCIAL MEMBER REPORT TIME SHEET, TAX DECLARATION & W-4



SAG-AFTRA.

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

Optional: Please check all that apply below. The furnishing of such information is on a VOLUNTARY basis.

(1) Sex: Male
 Female

(1) Age: 40 & Over
 Under 40

(1) Ethnicity: Asian / Pacific
 Black
 Caucasian
 Latino / Hispanic
 Native American

(1) Disabled: Yes
 No

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

LOAN-OUT CORPORATION

Performer is working through a loan-out Corporation.
Corporation name: _____ FID #: _____

Performer's Tel: _____ Performer's Email: _____

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service **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.**

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 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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.) Talent, Entertainment and Media Services, Inc. dba TEAM	9 Office code (optional)	10 Employer identification number (EIN)
---	--------------------------	---