



# American Federation of Television and Radio Artists PERFORMER CONTRACT FOR INTERACTIVE PROGRAMMING

JOB #: \_\_\_\_\_  
EST #: \_\_\_\_\_

***The Performer may not waive any provision of this contract without the written consent of the American Federation of Television and Radio Artists, Inc.***

Program Title: \_\_\_\_\_  
Production Company: \_\_\_\_\_  
SAG Production ID: \_\_\_\_\_  
Date Employment Starts: \_\_\_\_\_  
Location or Studio: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Role: \_\_\_\_\_  
Daily Rate: \$ \_\_\_\_\_  
3-Day Rate: \$ \_\_\_\_\_  
Weekly Rate: \$ \_\_\_\_\_  
Date of Performer's Next Engagement: \_\_\_\_\_

Date: \_\_\_\_\_  
Performer Name: \_\_\_\_\_  
Corporation Name: \_\_\_\_\_  
c/o (Agent/Agency) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
SSN: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

**WARDROBE:**

Wardrobe supplied by Performer?  Yes  No  
If so, number of outfits: \_\_\_\_\_ at \$ \_\_\_\_\_  
Number of formal outfits: \_\_\_\_\_ at \$ \_\_\_\_\_

**SPECIAL PROVISIONS:**

THIS AGREEMENT covers the employment of the above-named Performer by:

in the production and at the rate of compensation set forth above and is subject to and shall include, for the benefit of the Performer and the Producer, all of the applicable AFTRA Interactive Agreement, and or the AFTRA Television Agreement, Performer's employment shall include performance in non-commercial openings, bridges, etc., and no added compensation shall be payable to Performer so long as such are used in the role and project(s) covered hereunder in which Performer appears; for other use, Performer shall be paid the added minimum compensation, if any, required under the provisions of the AFTRA agreements with Producer.

Producer shall have all the rights in and to the results and proceeds of the Performer's services rendered hereunder, as are provided with respect to "photoplays" in Schedule A of the applicable AFTRA Codified Basic Agreement and the right to supplemental market use as defined in the Television Agreement.

Producer shall have the unlimited right throughout the world to telecast the film and exhibit the film theatrically and in supplemental markets in accordance with the terms and conditions of the Television Agreement.

**BY:**

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Performer's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***Production time reports are available on the set at the end of each day, which reports shall be signed or initialed by the Performer.***

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



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

**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

**Performer's Tel:** \_\_\_\_\_ **Performer's Email:** \_\_\_\_\_

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ <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.</b>	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 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.) <b>Talent, Entertainment and Media Services, Inc. dba TEAM</b>	9 Office code (optional) _____	10 Employer identification number (EIN) _____
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