06/2016

THE TEAM COMPANIES

MODEL TIME CARD

INTERNAL USE ONLY
TTC Client Number:

job

TTC Client: Advertiser: Brand &/or Product:

Job/Project Name: Job#/Promo ID: Expense Center: Expense Code:

Job Location: Photographer:

model

Model Name: SSN: Cel/Primary Tel: Alt Tel:

Model's Corp. (if any): Fed ID Number: Email:

Model Agency: Model Agency Address:

session

Regular rate of pay: $ _____ per ☐ **Hour**, or per ☐ **Day** # of hours: ____ (up to 8-hrs in CA) Overtime rate of pay: $ _____ per hour

Date	Time In	Lunch Out	Lunch In	Time Out	Session Hrs	Session Fee Total	OT Hours	OT Total	Use Fee	Total w/o Agcy Fee	Agency %
TOTALS											

Reimburse for:	**Amount:** $	**Account:**	**Notes:**
Reimburse for:	**Amount:** $	**Account:**	**Notes:**
Prep/Travel/Fitting Days:	**Amount:** $	**Account:**	**Notes:**

***Signatures** (Model & Art Producer): My signature below indicates that all of the information in this form is true and correct.*

Art Producer's Signature: _____ Art Producer Name (printed): _____ Date: _____

■ *If a Model Agency or other talent agency is listed above, my signature below (Model) is confirmation that all payments shall be sent to me in care of the agent indicated.*

■ *By signing this form, I agree that Advertiser/Ad Agency may take deductions from my earnings to adjust previous or future overpayments if and when such overpayments occur.*

Model's Signature: _____

Date: _____

If Model is under 18 years of age, parent or guardian must sign on behalf of Model below.

I, the undersigned, hereby state that I am the ☐ parent ☐ guardian of the above named Model and do hereby consent and give my permission to this agreement. I further agree on behalf of Model that Model has my permission and approval, without limitation, to appear in any and all advertising and promotional materials created from photos taken during this photo session.

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____ Date: _____

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **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** ☐ Single ☐ Married ☐ 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.** ▶ ☐	

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. • 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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2 from full IRS form W-4.