



Spotlight Payroll, Inc  
 20 N. Wacker Dr - Ste 2500  
 Chicago, IL 60606  
 312-726-4404 tel  
 312-726-4405 fax

# Crew Payroll Time Card

Instructions: Please fill out all sections as appropriate. If you are requesting to be paid as a loan out corporation, please provide a W-9 as well. Note meal penalties, Other Hours, etc. in the Comments section. Providing us with clean and legible information will help us to issue an accurate and timely payment to you.

By signing this document you certify that the information is correct.

Production Co.	Work City	Work State
Project Name	Union / Local	Job Category

Date	Time In	Time Out	1st Meal In/Out	2nd Meal In/Out	Hourly Rate	----- Hours -----			AICP Code	Comments
						Straight	1.5x	Other		
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										

Meals	Allowance	Taxable	AICP Code	Prep Fee	Employee Signature
Lodging				Shoot Fee	
Mileage				Wrap Fee	
Additional Comments					Employee Phone #
					Production Co. Approval

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

## Employee's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Notice, see reverse.

OMB No. 1545-0074

**2012**

1 Type or print 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 nonresident alien, check the Single box.	
City or town, state, and ZIP code	4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5	
6 Additional amount, if any, you want withheld from each paycheck.	6	\$. . . . .
7 I claim exemption from withholding for 2012 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, enter "EXEMPT" here. . . . . 7 . >		

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature >	Date >	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number