

Pay Voucher for Extra Talent

BASE RATE

TOTAL

hrs @ Straight Time						Date _____
hrs @ 1 1/2 x						
hrs @ 2 x						
						Production Title _____ _____
Night Premium						
Wardrobe Fitting						
Miscellaneous						
GROSS TOTAL						Production Company _____ _____
Auto Allowance						
Mileage Reimbursement						
Wardrobe Reimbursement						
Misc Reimbursement						
T I M E	Start Time	Meal Period In	Meal Period In	Stop Time	Hours Worked	Approved For Payment
		Meal Period Out	Meal Period Out			Agency Rep
						Production Co. Rep


In consideration of the payment detailed above, I hereby grant to you and your client, _____ or Clients you may designate from time to time, the absolute right and permission to use in perpetuity my likeness and photograph(s) in whole or in part, or distorted in character or form, in conjunction with my name or a fictitious name, together with or without written or spoken copy of advertising, publicity, trade or any other lawful purpose whatsoever, in any media whatsoever now known or hereafter developed. I hereby waive any right that I may have to inspect and approve the finished product or such written or spoken copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save harmless _____ and Client and all other persons using my name, likeness and photograph(s) in accordance with the terms hereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my character or me person due to distortion, alteration, optical illusion or faulty reproduction which may occur in the development of use of my name, likeness and photograph(s) or any written or spoken material which is part of or connected with my name, likeness and photograph(s).

Performer's Signature _____

Performer's phone number is _____

Performer's email address is _____

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. 1545-0010 2010
1 Type or print your first name, middle initial and 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. <i>Note: if married, but legally separated, or spouse is nonresident alien, check the Single box.</i>
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 2010 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, enter "EXEMPT" here. _____ >		
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