

# AMERICAN FEDERATION OF TELEVISION & RADIO ARTISTS SCREEN ACTORS GUILD

AFTRA-SAG  
4340 East West Hwy, Suite 204  
Bethesda, MD 20814  
(301) 657-2560

One Yellow Copy Of This Form Must Be Completed And Filed By  
The Performer With AFTRA-SAG Within 48 Hours Of  
Engagement. Failure To File Will Subject Member To A Fine For  
Each Offense! Payment Is Due The 10th Of The Month Following  
The Month Of Production or 12 Working Days, Whichever Is Later.

(Production report fax # (301) 654-9040)

# PRODUCTION REPORT

125

## EMPLOYER-PRODUCER COMPLETES THE BLOCK

EMPLOYER/PRODUCER \_\_\_\_\_

ADDRESS \_\_\_\_\_

A. TOTAL GROSS COMPENSATION \_\_\_\_\_

B. CONTRIBUTION \_\_\_\_\_

This document is subject to the applicable AFTRA/SAG Codes of Fair Practice. The filing of this report by the Employer shall be deemed an acceptance by the Employer of the provisions of AFTRA/SAG Codes and Contracts under which the work was performed, and an agreement by the employer to be bound by the provisions of said codes including those pertaining to minimum fees, Health & Retirement contribution and Arbitration.

Signature \_\_\_\_\_

(Authorized Representative)

## PAYMENT INSTRUCTIONS

- Line A is gross compensation payable to individual talent. Talent check must be net amount.
- Line B is payable to either "AFTRA H&R" or "SAG P&H"
- Send all checks (LINES A & B) with white and pink copies to:

AFTRA-SAG  
4340 East West Hwy, Suite 204  
Bethesda, MD 20814  
(301) 657-2560

## COMMERCIAL SPOT ANNOUNCEMENTS

AFTRA H&R/SAG P&H - 12.65% thru 3/31/00

☐ RADIO (AFTRA) ☐ TV FILM (SAG) ☐ TV TAPE (AFTRA)

Date(s) of Session \_\_\_\_\_

Location/Studio (State) \_\_\_\_\_

Sponsor \_\_\_\_\_

Product/Commercial ID \_\_\_\_\_

Advertising Agency \_\_\_\_\_

Producer \_\_\_\_\_

### SIGNATORY

Fee to be Paid By \_\_\_\_\_

Dates of Use Cycle \_\_\_\_\_

Markets/Units \_\_\_\_\_

## PROGRAMS (AFTRA)

☐ Radio (10.5% H&R) ☐ Television (11% H&R) ☐ Cable (11% H&R)

Date(s) of Session \_\_\_\_\_

Date(s) of Broadcast \_\_\_\_\_

Location/ Studio (State) \_\_\_\_\_

Title of Program \_\_\_\_\_

Length of Program \_\_\_\_\_

Station \_\_\_\_\_ Net. \_\_\_\_\_ Synd. \_\_\_\_\_

Producer \_\_\_\_\_

Production Firm \_\_\_\_\_

### SIGNATORY

Fee to be Paid By \_\_\_\_\_

## INDUSTRIAL / EDUC. / NON-BROADCAST

SAG P&H/AFTRA H&R - 13.15% thru 4/30/99

☐ SAG ☐ AFTRA  
INDUSTRIAL/EDUC./ NON-BROADCAST (AUDIO ONLY NO VISUAL)  
VIDEO TAPE/FILM ☐ SLIDE FILM ☐ AUDIO CASSETTE

CAT I ☐ II ☐

CAT I ☐ II ☐

Date(s) of Session \_\_\_\_\_

Recording Studio (State) \_\_\_\_\_

Sponsor \_\_\_\_\_

Title of Production \_\_\_\_\_

Length of Production \_\_\_\_\_

Producer \_\_\_\_\_

Production Firm \_\_\_\_\_

Fee to be Paid By \_\_\_\_\_

## INTERACTIVE MEDIA

AFTRA H&R/SAG P&H - 12.65% thru 6/30/97

☐ AFTRA ☐ SAG

☐ ENTERTAINMENT

☐ INTERNET

Date(s) of Session \_\_\_\_\_

Location/Studio (State) \_\_\_\_\_

Sponsor \_\_\_\_\_

Title of Program \_\_\_\_\_

### SIGNATORY

Producer \_\_\_\_\_

Production Firm \_\_\_\_\_

Fee to be Paid By \_\_\_\_\_

AN - Announcer/Narrator E - Extra  
P - Performer/Player M - Model  
HM - Hand Model S - Singer

Agent \_\_\_\_\_

Wardrobe provided by: ☐ Producer ☐ Performer

# of wardrobes provided \_\_\_\_\_

Remarks:

**Withholding Information - See W-4 on back of (white) page**

| Social Security<br>Number | PERFORMER'S NAME |       |                   | Phone<br># | Cate-<br>gory | Camera<br>On Off | HOURS WORKED/<br>REHEARSAL |     | No. of<br>Spots<br>or<br>Programs | Gross<br>Compensation |
|---------------------------|------------------|-------|-------------------|------------|---------------|------------------|----------------------------|-----|-----------------------------------|-----------------------|
|                           | Last             | First | Middle<br>Initial |            |               |                  | From:                      | To: |                                   |                       |
|                           |                  |       |                   |            |               |                  |                            |     |                                   |                       |
|                           |                  |       |                   |            |               |                  |                            |     |                                   |                       |
|                           |                  |       |                   |            |               |                  |                            |     |                                   |                       |

Meal penalties, rest period violations, traveling, lodging or living expenses, late payment penalties, flight insurance allowance, reimbursement for special hairdress, wardrobe, maintenance or damage fees are non-taxable payments. H&R / P&H is calculated on taxable earnings only. Agency Commissions are based on taxable income.

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**199**

|   |  |  |  |                               |  |
|---|--|--|--|-------------------------------|--|
| 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.<br>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 on your social security card, check here and call 1-800-772-1213 for a new card <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 1996 and I certify that I meet <b>BOTH</b> of the following conditions for exemption:<br>• 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><br>• This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability.<br>If you meet both conditions, enter " <b>EXEMPT</b> " 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

, 19

|  |  |                          |  |                                   |  |
|--|--|--------------------------|--|-----------------------------------|--|
| 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 |  |
|--|--|--------------------------|--|-----------------------------------|--|

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**199**

|   |  |  |  |                               |  |
|---|--|--|--|-------------------------------|--|
| 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.<br>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 on your social security card, check here and call 1-800-772-1213 for a new card <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 1996 and I certify that I meet <b>BOTH</b> of the following conditions for exemption:<br>• 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><br>• This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability.<br>If you meet both conditions, enter " <b>EXEMPT</b> " 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

, 19

|  |  |                          |  |                                   |  |
|--|--|--------------------------|--|-----------------------------------|--|
| 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 |  |
|--|--|--------------------------|--|-----------------------------------|--|

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**199**

|   |  |  |  |                               |  |
|---|--|--|--|-------------------------------|--|
| 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.<br>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 on your social security card, check here and call 1-800-772-1213 for a new card <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 1996 and I certify that I meet <b>BOTH</b> of the following conditions for exemption:<br>• 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><br>• This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability.<br>If you meet both conditions, enter " <b>EXEMPT</b> " 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

, 19

|  |  |                          |  |                                   |  |
|--|--|--------------------------|--|-----------------------------------|--|
| 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 |  |
|--|--|--------------------------|--|-----------------------------------|--|