

**STANDARD SAG-AFTRA EMPLOYMENT CONTRACT
CORPORATE/EDUCATIONAL AND NON-BROADCAST**

Extreme Reach Talent, Inc., 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604, (312) 726-4404, is the Employer of Record solely for the purpose of taxes, workers' compensation and unemployment insurance.

Producer to Complete	
Date	Job#
Please return to	

This Agreement made this _____ day of _____, _____

Between (Producer): _____ and (Performer): _____

1. SERVICES. Producer engages Performer and Performer agrees to perform services in a program tentatively entitled _____ to portray the role of _____ to be produced on behalf of (client) _____ at Studio, City, State _____

2. CATEGORY. Indicate the initial primary use of the program. Category I. Industrial/Educational Category II. Point of Purchase (Includes Cat. I.)

3. NUMBER OF CLIENTS. Indicate the number of clients for which the program will be used. _____

4. TERM. Performer's employment shall be for the continuous period commencing _____ and continuing until completion of photography and recordation of said role. Exception (for Day Performers Only) Performer may be dismissed and recalled without payment for intervening period provided Performer is given a firm recall date at time of engagement. If applicable, Performer's firm recall date is _____

5. COMPENSATION. Producer employs Performer as On-Camera Off-Camera On-Camera Narrator/Spokesperson
 Day Performer 1/2 Day Performer (restricted terms) Singer, Solo/Duo General Background Actor
 3-Day Performer Dancer, Solo/Duo Singer, Group Special Ability Background Actor
 Weekly Performer Dancer, Group Singer, Step Out Silent Bit Background Actor

At the Salary of: On-Camera _____ per Day 3-Day Week
 Off-Camera _____ for the first hour, _____ for each additional half hour.
 Producer must mail payment not later than thirty (30) calendar days after employment.

6. OVERTIME. All overtime rates MUST be computed on Performer's full contractual rate, up to permitted ceilings (NO CREDITING). Straight time is 1/8th of Day Performer's Rate, 1/24th of 3-Day Performer's Rate, 1/40th of Weekly Performer's Rate. Time-and-one-half rate: payable per hour (1.5 x straight time rate.) Double time rate: payable per hour (2 x straight time rate). See the Basic Contract for details. Weekly and 3-Day Performer for time-and-one-half and doubletime rates per hour.

7. WEEKLY CONVERSION RATE. See the applicable Basic Contract for details (Day Performer or 3-Day Performers Only).
 The Performer's weekly conversion rate is _____

8. PAYMENT ADDRESS. Performer's payment shall be sent to the appropriate Union office in city nearest recording site.
 Agent Name and Address _____

9. ADDITIONAL COMPENSATION FOR SUPPLEMENTAL USE. Producer may acquire the following supplemental use rights by the payment of the indicated amounts. (Check appropriate items below.) See Section 9 of the Basic Contract for details of payment.

	Total Applicable Salary	
	Within 90 Days	Beyond 90 Days
<input type="checkbox"/> A. Basic Cable Television, 3 Years. Supplemental Use rights are a % of the total actual salary	15%	65%
<input type="checkbox"/> B. Non-Network Television, unlimited runs	75%	125%
<input type="checkbox"/> C. Theatrical Exhibition, unlimited runs	100%	150%
<input type="checkbox"/> D. Foreign Television, unlimited runs outside US and Canada	25%	75%
<input type="checkbox"/> E. Integration and/or Customization	100%	100%
<input type="checkbox"/> F. Sale and/or Rental to Industry	15%	25%
<input type="checkbox"/> G. "Package" Rights to A, B, C, D, E, and F	200%	not available
<input type="checkbox"/> H. Category II (Category I program only)	50%	100%
<input type="checkbox"/> I. Network Television (available only by prior negotiation with and approval of the Union) (Performer does not consent to the use of his/her services made hereunder)		
<input type="checkbox"/> J. Pay Cable Television (available only by prior negotiation with and approval of the Union) (Performer does not consent to the use of his/her services made hereunder)		
<input type="checkbox"/> K. Group Dancers (See Basic Contract for payment provisions)		
<input type="checkbox"/> L. Program for Government Service Only	40%	not available

Date Worked	Work From/To		Meals From/To		Travel to Loc From/To		Travel from Loc From/To		Makeup/Fitting From/To	

Performer Signature _____

10. SALE AND/OR RENTAL OF PROGRAMS TO THE GENERAL PUBLIC. Producer may acquire sale/rental rights for an additional 200% of scale for the number of days worked.

11. WARDROBE. Wardrobe furnished by:

If Principal Performer furnishes own wardrobe, the following fees shall apply for each two-day period or portion thereof.

Ordinary Wardrobe (\$19 minimum): _____ ; Evening or Formal Wear (\$29 minimum): _____

If Extra Performer furnishes own wardrobe, the following fees shall apply.

of Ordinary Wardrobe changes (1st change at \$19, each additional at \$6): _____ ; # of Evening or Formal Wear changes (\$29 each): _____

12. SPECIAL PROVISIONS.

13. GENERAL. All terms and conditions of the current SAG-AFTRA Corporate/Educational & Non-Broadcast Contract (Basic Contract) shall be applicable to such employment.

Performer (Print Name): _____ Producer (Name, Title, Company): _____
 Performer Telephone Number: _____ Producer Telephone Number: _____
 Performer Email: _____ Producer Email: _____
 Performer Address: _____ Producer Address: _____
 Performer Signature: _____ Producer Signature: _____

Note: Performer must complete W-4 form; if minor, parent or guardian must sign.

The Employee's Withholding Allowance Certificate (W-4) on the following page may be submitted as a substitute for the IRS form. If you need the complete tables, instructions and worksheets, please go to www.irs.gov/pub/irs-pdf/fw4.pdf or our web site at extremereach.com/talent-resources.

Employee's Withholding Certificate

2020

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	_____	
Multiply the number of other dependents by \$500 ▶ \$	_____	
Add the amounts above and enter the total here		3 \$

Step 4 (optional):
Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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