

# TALENT PAY VOUCHER: NON-UNION EXTRA

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.

SECTION 1. PERFORMER INFORMATION		
Today's Date	Performer Name	Email
Address		Phone

SECTION 2. PRODUCTION INFORMATION	
Ad Agency	Ad Agency Address
Production Company	Location(s)
Advertiser	Product
Title(s)	Ad ID(s)

SECTION 3. TIME CARD					
Start Time	Meal/Break From	Meal/Break From	Stop Time	Total Hours Worked	Approve for Payment - Production Co Rep Signature
	Meal/Break To	Meal/Break To			

SECTION 4. RATE DETAILS				
Base Rate	Hours @ 1x (Straight Time)	Hours @ 1.5x	Hours @ 2x	Gross Total
Meal Penalties				
Auto Allowance				
Mileage Reimbursement				
Wardrobe Reimbursement				
Miscellaneous Reimbursement, specify:				
TOTAL				

**Please read the following before signing.**

In consideration of the payment detailed above, I hereby grant to Production Company, Ad Agency and Advertiser and those they 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 Production Company, Ad Agency and Advertisers 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).

By signing, I acknowledge and agree to the following:

1. I understand and agree that the Production Company or Extreme Reach may take deductions from my earnings to adjust previous overpayments if and when they may occur.
2. I represent that I am not now nor have ever been an employee of Extreme Reach. I also acknowledge that this voucher does not create an employment contract between myself and Extreme Reach.

\_\_\_\_\_  
Performer Signature

\_\_\_\_\_  
Date

The Employee's Withholding Allowance Certificate (W-4) below 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](http://www.irs.gov/pub/irs-pdf/fw4.pdf) or our web site at [extremereach.com/talent-resources](http://extremereach.com/talent-resources).

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

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

# 2019

▶ **Whether you're 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.**

<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .	<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .	<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2019, 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, write "Exempt" here . . . . . ▶		
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment
		<b>10</b> Employer identification number (EIN)