

**Standard Screen Actors Guild Employment Contract for  
Performers Engaged as Extras in Television Commercials**

Date \_\_\_\_\_

Producer, \_\_\_\_\_ engages Extra Performer, \_\_\_\_\_, and Extra Performer agrees to perform services for Producer in television commercials as follows:

Commercial title(s) and code No.(s)	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Total No. of Commercials \_\_\_\_\_

Such commercial(s) are to be produced by \_\_\_\_\_ (Advertising Agency) \_\_\_\_\_ (Address)

On behalf of \_\_\_\_\_ (Advertiser) \_\_\_\_\_ (Product(s))

Date and time of engagement: \_\_\_\_\_ Place of engagement: \_\_\_\_\_ (City and State)

<b>Category and Type</b>		<b>Adjustments</b>	
<input type="checkbox"/> Commercial Extra Performer	<input type="checkbox"/> 13 Weeks Use	<input type="checkbox"/> Wet, Snow, Smoke or Dust (\$44.30)	
<input type="checkbox"/> Hand Model	<input type="checkbox"/> Unlimited Use	<input type="checkbox"/> Hazard Adjustment \$ _____	
<input type="checkbox"/> Stand-In	<input type="checkbox"/> Produced for Cable Only	<input type="checkbox"/> Make-up, Skull Cap, Hairgoods (\$34.80)	
<input type="checkbox"/> Photo Double	<input type="checkbox"/> Produced for Internet/New Media Only	<input type="checkbox"/> Night Premium _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
Compensation _____			
<input type="checkbox"/> Flight Insurance (\$11.80) Payable	<input type="checkbox"/> Vehicle: Type _____ Mileage _____		
<input type="checkbox"/> Wardrobe to be furnished <input type="checkbox"/> by Producer <input type="checkbox"/> by Extra performer	Tolls _____ Parking _____		
If furnished by Extra Performer: (Non-Evening Wear) (Evening Wear) Total Wardrobe Fee			
No. of Costumes requested by Producer _____ @ 17.95 _____ @ 29.90 _____			
Props (If requested by Producer):			
<input type="checkbox"/> Books (\$2.60 each)	<input type="checkbox"/> Luggage (\$5.75 each piece)*	<input type="checkbox"/> Cell Phone or PDA (\$5.75)	
<input type="checkbox"/> Binoculars or Opera Glasses (\$5.75)	<input type="checkbox"/> Pet (\$24.00)	<input type="checkbox"/> iPod or other MP3 Player (\$5.75)	
<input type="checkbox"/> Camera (\$5.75)	<input type="checkbox"/> Skis (\$12.55)	<input type="checkbox"/> Moped (\$18.85)	
<input type="checkbox"/> Golf Clubs and Bag (\$12.55)	<input type="checkbox"/> Tennis Racquet (\$5.75)	<input type="checkbox"/> Bicycle (\$12.60)	
<input type="checkbox"/> Large Portable Radio (\$5.75)	<input type="checkbox"/> Laptop (\$5.75)	<input type="checkbox"/> Automobile, Trailer or Motorcycle (\$37.65)	
<input type="checkbox"/> Skates and Skate Board (\$9.45)	<input type="checkbox"/> Other _____	*(Includes bookbags and briefcases)	

Extra Performer authorizes Producer to make payment to Extra Performer as follows:

To Extra Performer at \_\_\_\_\_  
 To Extra Performer c/o \_\_\_\_\_ at \_\_\_\_\_

Special Provisions:

This contract is subject to all of the terms and conditions which pertain to Extra Performers in the applicable Commercials Contract. Employer of Record for income tax and unemployment insurance purposes is:

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

Producer: \_\_\_\_\_ Extra Performer: \_\_\_\_\_  
 By: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Signature)

Extra Performer hereby certifies that he/she is 21 years of age or over. (If under 21 years of age, this contract must be signed below by a parent or guardian.)

I, the undersigned hereby state that I am the \_\_\_\_\_ of the above named Extra Performer and do hereby consent and give my permission to this agreement. \_\_\_\_\_ (Mother, Father, Guardian)


\_\_\_\_\_  
(Signature of Parent or Guardian)

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Dates Worked	Work Time From/To	Meals From/To	Travel to Location From/To	Travel from Location From/To	Fittings, Makeup, Test If on day prior to shooting From/To

Performer's Signature or Initials: \_\_\_\_\_

<b>Performer's phone number is</b>	_____
<b>Performer's email address is</b>	_____

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> For Privacy Act and Paperwork Reduction Notice, see reverse.	OMB No. 1545-0074 <b>2010</b>
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. <small>Note: if married, but legally separated, or spouse is nonresident alien, check the Single box.</small>	
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 <b>BOTH</b> of the following conditions for exemption: • Last year I had a right to a refund of <b>ALL Federal income tax withheld because I had NO tax liability; AND</b> • <b>This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.</b> 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.		
<b>Employee's Signature &gt;</b>		<b>Date &gt;</b>
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