

Phone: 800-515-9896 Fax: 800-559-6402 Email: mail@falconpaymasters.com www.falconpaymasters.com

Performer Time Report

Mail/Overnight: 6650 Walnut Street New Albany, OH 43054 Fax: 800-559-6402 or mail@falconpaymasters.com

INSTRUCTIONS: Producer/Client completes Section A and **signs at bottom** for <u>all</u> projects. Producer also completes Section B *IF* the project is for union commercials. The performer ("Payee") must complete Section C and sign at bottom. <u>Producer/Client must send completed time sheets to Falcon promptly after session.</u> **Stunts require prior approval of our Workers Comp carrier.**

A. Bill To ("Client"):			ATTN:						
PO#:	O#: Job#: Project Title/ID Job City: Job City:								
For: Radio 🗖 TV 🗖 In-H	louse Category I 📮 In-House Ca	ategory II 📮 Inter	rnet 🗖 Infom	ercial 🗖 Other		_			
Signatory: Falcon 🗖 Othe	er								
3. Ad Agency Product & Sponsor			Studio			Ad-ID: Falcon to provide Ad-ID 🖵			
Use: Wild □ Test □ Cable S	System 🗖 Cable Network 🗖 De	ealer A 🖵 Dealer	B Progran	n 🗖 Spanish 🗖 Internet	☐ New Media	a 🗖 Simulcast 🗖	Other:		
Markets		F	irst Air Date:	Cycle: 1	er:	Track Cycle? Yes 🗖 No 🗖			
				LETE SECTION C AND SIGN A					
First, MI, Last (legal name)				Day Ph ()	E-m	ail:			
Iome Address			City ST		Zip	Zip ✓ if new address □			
Send Check to (if not home) Recipient_	A	.ddress		Cit	ty/ST	Zip_			
Email: SSN:	(Yo	our email address wil	I be kept confid	ential. We will only use it to	contact you for w	ork related communi	cation.)		
✓ if under 21 U SSN:	(required even if L	oan-Out. If legally in	corporated, yo	u must enter TIN and attach	a W-9: TIN:				
Tax Status: Single ☐ Married ☐ Mar	rried, but withhold at single rate	Number of withhol	lding allowance	s claimed: Exemp	ot 🖵 💮 😘				
Player Type: On-Cam Principal/Day Pla			ner:	Union U Non-Unio	on u it union,	is this your first unior	i job? Yes 🗀 No 🗀		
Talent Agency:	Booker:			PH:		Commission:	%.		
Job Day	Work Description (Session, Pay Rate		Start Meal Period		8-Hr	8-Hr OT @ OT @			
Job Date	Travel, Audition, etc)	if scale enter	Time	FROM TO	Finish	Time and ½		Double-time	
		"S"			Time	FROM TO	D FROM	то	
	1								
Comments / Reimbursements (Attach	• •								
Payee accepts employment from Bill To/Client conti Payee independently agrees to be bound by the app									
other parties to the work from and against all claims									
beneficiary of the work or client's signatory status to applicable to the work). (2) Agrees that the right to									
perfect Falcon or client obligations expressed or imp									
undertake suit or countersuit against Falcon, its assi	gnees or affiliates with regard to any indebtedr	ness or liability owed payee	,						
Falcon, or other entities for use of the work. (5) Agre and assignees thereof. Notice of dissolution, demise									
a valid assumption agreement. Persons signing this								erem omy by the exceedion of	
PAYEE / GUARDIAN SIGNS HERE									
	1 copy t	to talent; Original or	scan/Fax to Falo	con; 1 copy to producer	Rev. 11/9/2013	3			