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Crew Time Report

Mail/Overnight: 4230 Tuller Rd #200 Dublin OH 43017 **Fax:** 800-559-6402 **Email:** mail@falconpaymasters.com

INSTRUCTIONS: Producer/Client completes Section A and signs at bottom for all projects. The crewperson ("Payee") must complete Section B and sign at bottom. Producer/Client sends completed time sheets to Falcon after session or conclusion of the work week. Accidents harming persons must be reported to Falcon immediately. Thank you.

A. **Bill To ("Client"):** _____ **ATTN:** _____
PO#: _____ **Job#:** _____ **Project Title** _____ **Job City:** _____
 Use: Commercials Industrials **Signatory (if union):** _____ **Base OT on 8 hr. rate** **OR day rate divided by guaranteed hours**

B: CREW PERSON ("PAYEE") MUST COMPLETE SECTION BELOW AND SIGN AT BOTTOM.

First, MI, Last (legal name) _____ **Day Ph (____)** _____ **E-mail:** _____
Home Address _____ **City** _____ **ST** _____ **Zip** _____ **if new address**
SSN: _____ (required even if F/S/O). **Enter IRS EIN (if independent contractor):** _____
Tax Status: Single Married Married, but withhold at single rate **Number of withholding allowances claimed:** _____ Exempt
Union/Local: _____ Non-Union: **Day rate based on:** _____ Hour Day.

CONTRACTED DAY											
Job Day	Job Date	Job Title (Grip, etc)	Day Rate	Start Time	Meal Period		Finish Time	OT @ Time and ½		OT @ Double-time	
					FROM	TO		FROM	TO	FROM	TO

Comments / Reimbursements (Attach receipts. Note: IRS regulations specifically require a receipt for kit rental reimbursements).

Payee accepts work contingent on the fulfillment of terms stated herein and swears under penalty of perjury that he/she is entitled to the tax allowances/status claimed and that he/she can legally accept work in the U.S. If the work is performed under union code, the Payee independently agrees to be bound by the applicable code regardless of the Payee's standing with the union. Payees claiming independent contractor or similar status swear that they meet all legal qualifications thereof and hereby indemnify and hold harmless Falcon, its affiliates and all other parties to the work from and against all claims, liabilities and costs arising from said payee's fraudulent claim of tax status. **The Client** in forwarding or causing the forwarding of this report to Falcon, regardless of completeness of report, (1) Provides a guaranty to pay Falcon Paymasters the sums indicated herein, and such additional sums as required henceforth for Falcon service fees and timely compliance with civil authorities and union codes (if applicable to the work). (2) Accepts sole liability for consequences of failing to comply with civil regulations regarding job site safety, OSHA requirements, substance abuse and similar laws/regulations. (3) Waives, except as proven by compliance hereto, all rights to presentment, protest, notice, demand or action on the part of payee, Falcon, Falcon affiliates or assignees, or to require arbitration or undertake suit or countersuit against Falcon, its assignees or affiliates with regard to any indebtedness or liability owed payee, Falcon, or other entities for use of the work. (4) Agrees that the Client's liability under terms herein is independent of any collective bargaining agreements or civil guarantees or obligations that may be in effect at the time the work was performed and is binding upon the Client his/its successors and assignees thereof. Notice of dissolution, demise, merger or acquisition shall not relieve the Client, assignees or successors from any current or continuing obligations arising under this Agreement. **Persons** signing this report on behalf of Client, warrant that they have advised Client of all terms and conditions herein and are authorized by Client to bind Bill To/Client to the terms and conditions herein.

PAYEE SIGNS HERE _____ **Date** _____ **CLIENT/BILLTO SIGNS HERE** _____ **Date** _____
 Provide a copy of this completed and signed time sheet to employee rev. 11/1/2012