



SAG-AFTRA  
 5757 Wilshire Boulevard  
 Los Angeles, CA 90036-3600

**FINAL CAST LIST INFORMATION SHEET**

Date Filed: \_\_\_\_\_

PICTURE TITLE: \_\_\_\_\_

SHOOTING LOCATION: \_\_\_\_\_

PRODUCTION COMPANY: \_\_\_\_\_

START DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_ STATE I.D. # \_\_\_\_\_

PHONE: \_\_\_\_\_

PICTURE # \_\_\_\_\_

DISTRIBUTOR: \_\_\_\_\_

Check One: MP  MOW  OTHER TV  INDUSTRIAL  OTHER

To establish Residual payments, see Section 5.2 of the 1980 Basic Agreement.

* PERFORMER NAME & SOCIAL SECURITY NUMBER	* NAME OF LOAN-OUT CORPORATION & FEDERAL I.D. #	PERFORMER ADDRESS INCLUDING ZIP	(1) Period worked		Start Date	Finish Date	Contract Type	Performer Type	Total Gross Salary	Base Salary	Time Units	Salary Units	Total Units	For SAG-AFTRA Use Only
			Days	Weeks										

- (1) Include days not worked, but considered worked under continuous employment provisions. Report contractually guaranteed work period or actual time worked, whichever is longer.
  - (2) Insert D for Daily or W for Weekly type of contract.
  - (3) Insert: A= Actor; ST= Stunt; P= Pilot; SG= Singer; ADR= Automated Dialogue Replacement
  - (4) Include all salary, Overtime, Premium, and Stunt Adjustments. Do not include any penalties paid (i.e. Meal Penalties, Forced calls, etc.).
  - (5) List base contractual salary (i.e. \$1,500.00/week or \$500.00/day).
- \* If performer was employed and paid through his/her loan out corporation, list both the performer's name/SSN and the corporation name and Federal ID number.

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