EXTREME REACH

Extreme Reach Talent, Inc. (fka Spotlight Payroll, Inc.)
20 N. Wacker Dr., Suite 2500, Chicago, IL 60606 312-726-4404

Pay Voucher for Extra Talent

BASE RATE		hrs @ Straight Time		TOTAL
		hrs @ 1 1/2		
		hrs @ 2 x		
Night Premium				
Wardrobe Fitting				
Miscellaneous				
		GROSS TOTAL		
Auto Allowance				
Mileage Reimbursement				
Wardrobe Reimbursement				
Misc Reimbursement				

Date

Production Title

Production Company

TIME	Start Time	Meal Period In	Meal Period In	Stop Time	Hours Worked	ApprovedForPayment
		Meal Period Out	Meal Period Out			Agency Rep / Production Co. Rep

In consideration of the payment detailed above, I hereby grant to you and your client, _____, or Clients you 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 _____ and Client 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).

Performer's Signature _____

Performer's phone number is _____

Performer's email address is _____

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

Employee's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Notice, see reverse.

OMB No. 1545-0074
2013

1 Type or print your first name, middle initial & last name

2 Your social security number

Home address (number and street or rural route)

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: *if married, but legally separated, or spouse is nonresident alien, check the Single box.*

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. . . . . ☐

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 2013 and I certify that I meet **BOTH** of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here. . . . . > | 7 |

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.

Employee's Signature > **Date >**

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