

**SAG-AFTRA Engagement Contract For Single Television Broadcast  
And For Multiple Television Broadcasts Within One Calendar Week**

Dated \_\_\_\_\_

Between \_\_\_\_\_ hereinafter called "Performer", and  
\_\_\_\_\_  
hereinafter called "Producer".

Performer shall render artistic services in connection with the rehearsal and broadcast of the program(s) designated below and preparation in connection with the part or parts to be played:

TITLE OF PROGRAM: \_\_\_\_\_  
 TYPE OF PROGRAM:  Sustaining  Commercial  Closed Circuit  TV Promo  
 SPONSOR (if commercial): \_\_\_\_\_  
 NUMBER of DAYS OF EMPLOYMENT: \_\_\_\_\_  
 PLACE OF PERFORMANCE: \_\_\_\_\_  
 SCHEDULED FINAL PERFORMANCE DAY: \_\_\_\_\_  
 PERFORMANCE CLASSIFICATION: \_\_\_\_\_  
 PART TO BE PLAYED: \_\_\_\_\_  
 COMPENSATION: \_\_\_\_\_  
 SPECIAL PROVISIONS, HIT RETURN KEY FOR MULTIPLE LINES:

Execution of this agreement signifies acceptance by Producer and Performer of all of the above terms and conditions.

Performer Signature \_\_\_\_\_ Producer Signature \_\_\_\_\_

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 phone number is** \_\_\_\_\_

**Performer's email address is** \_\_\_\_\_

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>2013</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 2013 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</b> Federal income tax withheld because I had <b>NO</b> tax liability; <b>AND</b> • This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> 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.				
<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	