



EXHIBIT A-2

This Contract is subject to all of the terms and conditions that pertain to Extra Performers of the Commercials Contract of the union indicated by marking the corresponding button below:

Important - Please check one: SAG AFTRA

Date: _____

Est #: _____

STANDARD EMPLOYMENT CONTRACT FOR PERFORMERS ENGAGED AS EXTRAS IN TELEVISION COMMERCIALS

Producer, _____, engages Extra Performer, _____

and Extra Performer agrees to perform services for Producer in television commercials as follows:

Commercial Title(s) _____ Code No(s): _____ No. of Commercials: _____

Such commercial(s) are to be produced by _____ (Advertising Agency), _____ (Address)

On behalf of _____ (Advertiser), _____ (Product(s))

Date & Time of Engagement: _____ (Date), _____ (Time) Place of Engagement _____ (City) _____ (State)

Compensation: _____

Employer of Record for income tax and unemployment insurance purposes:

Talent Entertainment And Media Services, Inc. dba TEAM
901 W. Alameda Ave., Suite 100, Burbank, CA 91506-2801

Category and Type <input type="checkbox"/> Commercial Extra Performer <input type="checkbox"/> Hand Model <input type="checkbox"/> Stand-In <input type="checkbox"/> Photo Double <input type="checkbox"/> Other _____		<input type="checkbox"/> 13 Weeks Use <input type="checkbox"/> Unlimited Use <input type="checkbox"/> Produced for Cable Only <input type="checkbox"/> Produced for Internet Only <input type="checkbox"/> Produced for New Media Only	Adjustments <input type="checkbox"/> Wet, Snow, Smoke or Dust (\$44.30) <input type="checkbox"/> Hazard Adjustment \$ _____ <input type="checkbox"/> Make-up, Skull Cap, Hairgoods (\$34.80) <input type="checkbox"/> Night Premium _____ <input type="checkbox"/> Other _____
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Allowances (Check if applicable)

▶ Travel within Studio Zone (\$8.00) Payable ▶ Vehicle Moped (\$18.85) Tolls _____

▶ Flight Insurance (\$11.80) Payable Automobile (includes trailer or motorcycle (\$37.65) Mileage _____

▶ Wardrobe to be furnished by: ___ PRODUCER ___ PERFORMER Parking _____

If furnished by Extra Performer: Specified Dress or Pre 1950 Uniform/Smart Street Clothes Total Wardrobe fee:

No. of Costumes requested by producer: @ \$17.95 _____ @ \$29.90 _____ @ \$29.90 _____ \$ _____

▶ Props

<input type="checkbox"/> Books (\$2.60 each)	<input type="checkbox"/> Luggage (\$5.75 each piece) (includes bookbags & briefcases)	<input type="checkbox"/> Tennis Racquet (\$5.75) (only if not already being paid as part of a tennis wardrobe allowance)
<input type="checkbox"/> Binoculars or Opera Glasses (\$5.75)	<input type="checkbox"/> Pet (\$24.00)	<input type="checkbox"/> Other Fee \$ _____
<input type="checkbox"/> Camera (\$5.75)	<input type="checkbox"/> Skis (\$12.55) (includes poles and boots)	<input type="checkbox"/> Other Fee \$ _____
<input type="checkbox"/> Cell Phone/PDA/Laptop/MP3 (\$5.75)	<input type="checkbox"/> Skates or Skateboard (\$9.45)	
<input type="checkbox"/> Golf Clubs and Bag (\$12.55)		
<input type="checkbox"/> Large portable radio (\$5.75)		

Extra Performer authorizes Producer to make payment to Extra Performer as follows:

To Extra Performer at (address): _____

To Extra Performer c/o: _____ at _____ (Name) _____ (Address)

SPECIAL PROVISIONS (including adjustments, if any, for Stunt Performers):

Producer BY: _____ (Signature) Extra Performer: _____ (Signature)

Performer Telephone: _____ Performer Email: _____

Extra Performer hereby certifies that he/she is 21 years of age or over. (If under 21 years of age this contract must be signed below by a parent or guardian.) I, the undersigned, hereby state that I am the _____ of the above named Extra Performer and do hereby consent and give my permission to this agreement.

(Signature of Parent or Guardian)



EXHIBIT A-2

TIME SHEET AND W-4

STANDARD EMPLOYMENT CONTRACT FOR PERFORMERS ENGAGED AS EXTRAS IN TELEVISION COMMERCIALS

DATE: _____

Performer _____

SSN: _____

Advertising Agency _____ Producer _____

Commercial Title(s) _____ Code(s) _____ Product _____

Table with columns: DATE, WORKTIME FROM TO, MEALS FROM TO, MAKEUP/FITTING FROM TO, TRAVEL TO LOC FROM TO, TRAVEL FROM LOC FROM TO, PERFORMER'S INITIALS

Form W-4

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1. Type or print your name and middle initial

Last name

2. Your social security number

Home address (number and street or rural route) (Permanent Address)

3. [] Single [] Married [] Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or Town, State, and Zip code

4. If your name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. []

5. Total number of allowances your are claiming 5.

6. Additional amount, if any, you want deducted from each paycheck 6.

7. I claim exemption from withholding, 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, write "Exempt" here 7.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature

(Form is not valid unless you sign it.) ▶

Date ▶

8. Employer's name and address (Employer: Complete 9 and 10 only if sending to the IRS.)

9. Office code (optional)

10. Employer identification number

TALENT ENTERTAINMENT AND MEDIA SERVICES, INC. dba TEAM