

**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 **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

2016

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 2016 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