

**CREW TIME CARD**



Production Title:	Prod #:	Rate:	Week Ending:
Production Co:	Soc Sec #:	Occupation:	Union Local #:
Loan Out Corp:	Fed ID #:	Work - City, State, County:	
Name:	Address:		City, State, Zip Phone/E-mail

Date	Misc. Description or Other Coding	Ser	Loc	CALL TIME	1st Meal		2nd Meal		WRAP TIME	Hrs.	1X	1.5X	2X	Rate	Hrs	Total
					From	To	From	To								
Check One <input type="checkbox"/> Box Rental Information on File <input type="checkbox"/> Box Information Attached										Total Hours:						

Per Diem #:	Mileage #:	Box Rental #:	Rental #:	Advance #:	Car Allow #:	Other #:
Taxable	Non-Taxable	Taxable	Non-Taxable	Taxable	Non-Taxable	

Producer and employee acknowledge by signing this card that if no hours are recorded, Talent PayMaster will presume that only the guaranteed hours were worked.

Employee Signature X \_\_\_\_\_ Approved X \_\_\_\_\_

**FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION**

I am aware that federal law provides for imprisonment and/or fines for false statements of use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following)

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A \_\_\_\_\_)
- An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

**LIST A Documents that Establish Both Identity and Employment Eligibility**

- U.S. Passport (unexpired or expired)
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Certificate of Naturalization (INS Form N-550 or N-570)
- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

**LIST B Documents that Establish Identity**

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- School ID card with a photograph
- Voter's registration card
- U.S. Military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Native American tribal document

**LIST C Documents that Establish Employment Eligibility**

- U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.
- Native American tribal document
- U.S. Citizen ID Card (INS Form I-197)
- ID Card for use of Resident Citizen in the United States (INS Form I-179)
- Unexpired employment authorization document issued by the INS (other than those listed under List A)

9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

- School record or report card
- Clinic, doctor, or hospital record
- Day-care or nursery school record

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed to the right and record the title, number and expiration date, if any, of the document(s).

<b>List A</b>	OR	<b>List B AND</b>	<b>List C</b>
Document title: _____		_____	_____
Issuing Authority: _____		_____	_____
Document #: _____		_____	_____
Expiration Date (if any): ____/____/____		____/____/____	____/____/____
Document #: _____		_____	_____
Expiration Date (if any): ____/____/____		____/____/____	____/____/____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

**FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

**MARITAL STATUS**  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.

**1. Total # of Dependents claimed** \_\_\_\_\_

**2. Additional amount, if any, you want withheld from each paycheck** \$ \_\_\_\_\_

**3. I claim exemption from withholding because (see instructions and check boxes below that apply):**

a  Last year I did not owe any Federal income tax and had a right to a full refund of ALL INCOME TAX WITHHELD, AND

b  This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter "EXEMPT" here **3b** \_\_\_\_\_

If you entered "EXEMPT" on line 3b, are you a full-time student?  YES  NO

Underpenalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Agreed-Employee Signature \_\_\_\_\_ Date \_\_\_\_\_