

STANDARD SAG-AFTRA EMPLOYMENT CONTRACT
ACS AUDIO EMPLOYMENT

Extreme Reach Talent, Inc., 111 W. Jackson Blvd., Suite 1525, Chicago, IL 60604, (312) 726-4404, is the Employer of Record solely for the purpose of taxes, workers' compensation and unemployment insurance.

Producer to Complete	
Date	Job#
Please return to	

Between (Producer): _____ and (Performer): _____ .

Producer engages Performer and Performer agrees to perform services for Producer in Audio Commercials as follows:

Commercial Title(s)	Ad-ID(s)	# Spots	# Tags	# Demos
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(Such commercial(s) are to be produced by) Ad Agency, Address _____

(Acting as agent for) Advertiser _____ Products _____

City, State (In which services rendered) _____ Place of Engagement _____

Performer Type

<input type="checkbox"/> Announcer	<input type="checkbox"/> Solo or Duo	<input type="checkbox"/> Contractor
<input type="checkbox"/> Actor, Actress	<input type="checkbox"/> Group 3-5	<input type="checkbox"/> Sound Effects Performer
<input type="checkbox"/> Singer	<input type="checkbox"/> Group 6-8	Multiple Tracking or Sweetening (for singers): <input type="checkbox"/> Did occur <input type="checkbox"/> Did not occur
<input type="checkbox"/> Group Speaker	<input type="checkbox"/> Group 9 or more	<input type="checkbox"/> Foreign Language Translation Services Performed

Compensation _____ Date(s) and Hour(s) of Employment _____

Please check if applicable:

<input type="checkbox"/> Commercial(s) made for Initial Use on the Internet	<input type="checkbox"/> Performer does not consent to the use of his/her services in commercials made hereunder on the Internet.
<input type="checkbox"/> Commercial(s) made for Initial Use on New Media	<input type="checkbox"/> Performer does not consent to the use of his/her services in commercials made hereunder in New Media.
<input type="checkbox"/> Audio Flex Payment Package	

The standard provisions printed on the reverse side hereof are a part of this contract. If this contract provides for compensation at SAG-AFTRA minimum, no addition, changes or alterations may be made in this form other than those which are more favorable to the Performer than herein provided. If this contract provides for compensation above the SAG-AFTRA minimum, additions may be agreed to between Producer and Performer which do not conflict with the provisions of the SAG- AFTRA Audio Commercials Contract, provided that such additional provisions are separately set forth under "Special Provisions" hereof and signed by the Performer.

SPECIAL PROVISIONS

Performer acknowledges that he/she has read all the terms and conditions in the Special Provisions section above and hereby agrees thereto: _____ Performer Signature

Performer authorizes Producer to make all payments to which Performer may be entitled hereunder by check payable to Performer and sent to the SAG-AFTRA office nearest the city in which the commercial was made. _____ Performer Signature

All notices to Producer shall be addressed as follows _____

All notices to Performer shall be addressed as follows _____

This contract is subject to all of the terms and conditions of the SAG-AFTRA Audio Commercials Contract.

Employer of Record for income tax and unemployment insurance purposes is: _____

MINORS: 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 Mother Father Guardian of the above named Performer and do hereby consent and give my permission to this agreement: _____ Parent or Guardian Signature

This contract is subject to all of the above terms and conditions of the applicable Commercials Contract. The Performer has the right to consult with his/her representative or SAG-AFTRA before signing this contract.

Performer (Print Name): _____ Performer Signature: _____

Performer Telephone Number: _____ Performer Email: _____

Producer (Name, Company): _____ Producer Signature: _____

Dates Worked	Work From/To		Meals From/To		Travel to Loc From/To		Travel from Loc From/To		Makeup/Fitting From/To	
Multiple Tracking Occured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sweeten # of Tracks			Performer Signature					

STANDARD PROVISIONS

1. THEATRICAL/INDUSTRIAL USE (Strike the paragraph below if such rights are not granted by Performer)

Producer shall have the right to the commercial(s) produced hereunder for Theatrical & Industrial use as defined and for the period permitted in the SAG-AFTRA Audio Commercials Contract, for which Producer shall pay Performer not less than the additional compensation therein provided.

2. ARBITRATION

All disputes and controversies of every kind and nature arising out of or in connection with this Contract shall be subject to arbitration as provided in Section 58 of the SAG-AFTRA Commercials Contract.

3. PRODUCER'S RIGHT

Performer acknowledges that Performer has no right, title or interest of any kind or nature whatsoever in or to the commercial(s). A role owned or created by Producer belongs to Producer and not to Performer.

4 . NON-DISCLOSURE/CONFIDENTIALITY

'Confidential Information' means trade secrets, confidential data, and other non-public confidential proprietary information (whether or not labeled as

confidential) including any and all financial terms of, and products involved in the production and any and all scripts whether communicated orally, in written form, or electronically. Confidential information does not include information that was lawfully in Performer's possession prior to being disclosed in connection with the employment of Performer, is now, or hereafter becomes generally known to the public, or that Performer rightfully obtained without restriction from a third party. Performer acknowledges that Performer has and will become aware of certain Confidential Information. Unless otherwise required by law, Performer agrees that, without Producer's prior written approval, Performer shall hold such Confidential Information in the strictest confidence and that Performer will not disclose such Confidential Information to anyone (other than Performer's representatives in the course of their duties to Performer, which representatives shall be bound by the same restrictions as set forth in this Agreement) or utilize such Confidential Information for Performer's benefit or for the benefit of a third party. Notwithstanding the foregoing, nothing herein shall prohibit Performer from disclosing Confidential Information concerning Performer's wages, hours, and other terms and conditions of employment as that term is defined under Section 7 of the National Labor Relations Act. For clarity, except as set forth above, Producer may not demand or request that Performer execute any non-disclosure agreement that has not been approved in advance and in writing by the Union.

The Employee's Withholding Allowance Certificate (W-4) on the following page may be submitted as a substitute for the IRS form. If you need the complete tables, instructions and worksheets, please go to www.irs.gov/pub/irs-pdf/fw4.pdf or our web site at extremereach.com/talent-resources.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____		

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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