

**STANDARD SAG-AFTRA EMPLOYMENT CONTRACT
EXTRAS IN UPFRONT COMMERCIALS, EXHIBIT U-2 (ACS)**

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): _____ .

Extra Performer authorizes Producer to make all payments to Extra Performer as follows:

| Commercial Title(s) | Ad-ID(s) | # Spots | # Tags | # Demos |
|---------------------|----------|---------|--------|---------|
|---------------------|----------|---------|--------|---------|

Category Type

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Commercial Extra Performer | <input type="checkbox"/> Photo Double | <input type="checkbox"/> Produced for Cable Only | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Hand Model | <input type="checkbox"/> 13- Weeks Use | <input type="checkbox"/> Produced for Internet Only | |
| <input type="checkbox"/> Stand-In | <input type="checkbox"/> Unlimited Use | <input type="checkbox"/> Produced for New Media Only | |

Adjustments

| | |
|---|--|
| <input type="checkbox"/> Wet, Snow, Smoke or Dust Work @ \$53.25 | <input type="checkbox"/> Night Premium |
| <input type="checkbox"/> Hazard Adjustment \$ _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Make-up, Skull Cap, Hairgoods & Haircuts (\$41.85) | |

Allowances (Check if applicable)

| | |
|---|---|
| <input type="checkbox"/> Flight Insurance (\$12.65) Payable | <input type="checkbox"/> 8.00 Travel within Studio Zone |
| <input type="checkbox"/> Vehicle: Type _____ | <input type="checkbox"/> Mileage _____ |
| <input type="checkbox"/> Tolls _____ | <input type="checkbox"/> Parking _____ |

Wardrobe to be furnished:
 By Producer By Extra Performer.

If furnished by Extra Performer: @ \$20.36 _____ @ \$33.91 _____ Total Wardrobe Fee \$ _____
 No. of costumes requested by Producer (Non-evening Wear) (Evening Wear)

Props:

| | | |
|---|--|--|
| <input type="checkbox"/> Books (\$2.95 each) | <input type="checkbox"/> Pet (\$27.22) | <input type="checkbox"/> Tennis Racquet (\$6.52) |
| <input type="checkbox"/> Binoculars or Opera Glasses (\$6.52) | <input type="checkbox"/> Skis (\$14.24 and includes poles and boots) | (Only if not being paid as part of tennis wardrobe) |
| <input type="checkbox"/> Camera (\$6.52) | <input type="checkbox"/> Luggage (\$6.52 each piece & includes book bags and briefcases) | <input type="checkbox"/> Laptop or Similar Device (\$6.52) |
| <input type="checkbox"/> Golf Clubs & Bag (\$ 14.24) | <input type="checkbox"/> Handheld Mobile/PDA device (\$6.52) | <input type="checkbox"/> iPod/MP3Player (\$6.52) |
| <input type="checkbox"/> Large Portable Radio (\$6.52) | | <input type="checkbox"/> Other: Fee \$ _____ |

Extra Performer authorizes Producer to make all payments to Extra Performer as follows:

To Extra Performer at

Address _____

| | |
|--|--|
| I am represented on this production by talent agency | Agent's commission % to be included in gross pay |
|--|--|

To Extra Performer c/o

Address _____

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 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 terms and conditions which pertain to Extra Performers in the applicable Commercials Contract. Employer of Record for income tax and unemployment insurance purposes is:

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 | |
|--|---------------------|--|---------------|--|-----------------------|--|-------------------------|--|------------------------|--|
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| | | | | | | | | | | |
| Multiple Tracking Occured? <input type="checkbox"/> Yes <input type="checkbox"/> No | Sweeten # of Tracks | | | | Performer Signature | | | | | |

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) |
| | | | |