

CREW PAYROLL TIME CARD



Extreme Reach Talent, Inc., 111 W. Jackson Blvd - Ste 1525, Chicago, IL 60604
 (312) 726-4404 tel, (312) 846-6255 fax

Instructions: Please fill out all sections as appropriate. If you are requesting to be paid as a loan out corporation, please provide a W-9 as well. Note meal penalties, Other Hours, etc. in the Comments section. Providing us with clean and legible information will help us to issue an accurate and timely payment to you. By signing this document you certify that the information is correct.

Employee Name: _____

| | | |
|----------------|-----------|------------|
| Production Co. | Work City | Work State |
|----------------|-----------|------------|

| | | |
|--------------|---------------|--------------|
| Project Name | Union / Local | Job Category |
|--------------|---------------|--------------|

| Date MM/DD | Time In | Time Out | 1st Meal In/Out | 2nd Meal In/Out | Hourly Rate | Hours | | | AICP Code | Comments |
|---------------|---------|----------|--------------------|--------------------|----------------|----------|------|-------|--------------|----------|
| | | | | | | Straight | 1.5x | Other | | |
| Mon | | | | | | | | | | |
| Tue | | | | | | | | | | |
| Wed | | | | | | | | | | |
| Thu | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Sun | | | | | | | | | | |

| | | | | |
|--|---------|-----------|------------|-------------------------|
| Allowance | Taxable | AICP Code | Prep Fee | Employee Signature |
| Meals/Per Diem | | | Shoot Fee | |
| Lodging | | | Wrap Fee | |
| Mileage/# of Miles | | | Total Fees | |
| Additional Comments (Hit Return key for multiple lines). | | | | Employee Phone # |
| | | | | Production Co. Approval |

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► Whether you're 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.

OMB No. 1545-0074
2018

| | | |
|--|--|-------------------------------|
| 1 Your first name and middle initial | 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. Note: If married filing separately, check "Married, but withhold at higher Single rate." | |
| City or town, state, and ZIP code | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/> | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | 5 | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 | \$ |
| 7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (This form is not valid unless you sign it.) ► | | Date ► |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Extreme Reach, Inc. | 9 First date of employment | 10 Employer identification number (EIN) 36-3093253 |