

TALENT PAY VOUCHER: NON-UNION EXTRA

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.

SECTION 1. PERFORMER INFORMATION		
Today's Date	Performer Name	Email
Address		Phone

SECTION 2. PRODUCTION INFORMATION	
Ad Agency	Ad Agency Address
Production Company	Location(s)
Advertiser	Product
Title(s)	Ad ID(s)

SECTION 3. TIME CARD					
Start Time	Meal/Break From	Meal/Break From	Stop Time	Total Hours Worked	Approve for Payment - Production Co Rep Signature
	Meal/Break To	Meal/Break To			

SECTION 4. RATE DETAILS				
Base Rate	Hours @ 1x (Straight Time)	Hours @ 1.5x	Hours @ 2x	Gross Total
Meal Penalties				
Auto Allowance				
Mileage Reimbursement				
Wardrobe Reimbursement				
Miscellaneous Reimbursement, specify:				
TOTAL				

Please read the following before signing.

In consideration of the payment detailed above, I hereby grant to Production Company, Ad Agency and Advertiser and those they may designate from time to time, the absolute right and permission to use in perpetuity my likeness and photograph(s) in whole or in part, or distorted in character or form, in conjunction with my name or a fictitious name, together with or without written or spoken copy of advertising, publicity, trade or any other lawful purpose whatsoever, in any media whatsoever now known or hereafter developed. I hereby waive any right that I may have to inspect and approve the finished product or such written or spoken copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Production Company, Ad Agency and Advertisers and all other persons using my name, likeness and photograph(s) in accordance with the terms hereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my character or me person due to distortion, alteration, optical illusion or faulty reproduction which may occur in the development of use of my name, likeness and photograph(s) or any written or spoken material which is part of or connected with my name, likeness and photograph(s).

By signing, I acknowledge and agree to the following:

1. I understand and agree that the Production Company or Extreme Reach may take deductions from my earnings to adjust previous overpayments if and when they may occur.
2. I represent that I am not now nor have ever been an employee of Extreme Reach. I also acknowledge that this voucher does not create an employment contract between myself and Extreme Reach.

Performer Signature

Date

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)