

# STANDARD SAG-AFTRA EMPLOYMENT CONTRACT EXTRAS IN COMMERCIALS (EXHIBIT A-2)

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 Extra Performer and Extra Performer agrees to perform services for Producer in commercials as follows:**

Commercial Title(s)	Ad-ID(s)	Total # Commercials

(Such commercial(s) are to be produced by) Ad Agency, Address

(On behalf of) Advertiser	Products

Date/Time of Engagement	Place of Engagement

<b>Category</b> <input type="checkbox"/> Commercial Extra Performer <input type="checkbox"/> Hand Model <input type="checkbox"/> Stand-In <input type="checkbox"/> Photo Double <input type="checkbox"/> Other: _____	<b>Type</b> <input type="checkbox"/> 13 Weeks Use <input type="checkbox"/> Unlimited Use <input type="checkbox"/> Produced for Cable Only <input type="checkbox"/> Produced for Internet Only <input type="checkbox"/> Produced for New Media Only	<b>Adjustments (check all that apply)</b> <input type="checkbox"/> Wet, Snow, Smoke or Dust (\$50.24) <input type="checkbox"/> Hazard Adjustment \$ <input type="checkbox"/> Makeup, Skull Cap, Hairgoods, Haircuts (\$39.48) <input type="checkbox"/> Night Premium <input type="checkbox"/> Other: _____
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**Compensation:**

Allowances / Requested Props by Producer (check all that apply)

<input type="checkbox"/> Flight Insurance (\$12.63) Payable	<input type="checkbox"/> Wardrobe Furnished by:	<input type="checkbox"/> Books (\$2.78 each)	<input type="checkbox"/> Pet (\$25.68)
<input type="checkbox"/> Travel within Studio Zone (\$8.00)	<input type="checkbox"/> Producer	<input type="checkbox"/> Binoculars, Opera Glasses (\$6.15)	<input type="checkbox"/> Skates and Skate Board (\$10.11)
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Extra Performer	<input type="checkbox"/> Camera, Large Portable Radio (\$6.15)	<input type="checkbox"/> Skis (\$13.43, incl. poles, boots)
Type: _____	If by Extra Performer, number of costumes requested by Producer: _____	<input type="checkbox"/> Golf Clubs and Bag (\$13.43)	<input type="checkbox"/> Tennis Racquet (\$6.15)
Tolls: _____	Non-Evening Wear (\$19.21): _____	<input type="checkbox"/> Luggage (\$6.15 each piece, incl. Bookbags, Briefcases)	<input type="checkbox"/> Bicycle (\$13.48)
Mileage: _____	Evening Wear (\$31.99): _____	<input type="checkbox"/> Mobile, Laptop, Mp3 Player (\$6.15)	<input type="checkbox"/> Moped (\$20.17)
Parking: _____	Total Wardrobe Fee: _____	<input type="checkbox"/> Car, Trailer, Motorcycle (\$40.29)	<input type="checkbox"/> Other: _____

**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 Performer c/o (Agent/Representative, Address): \_\_\_\_\_

**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

**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.

Performer (Print Name): \_\_\_\_\_ Producer (Name, Company): \_\_\_\_\_

Performer Telephone Number: \_\_\_\_\_ Producer Telephone Number: \_\_\_\_\_

Performer Email: \_\_\_\_\_ Producer Email: \_\_\_\_\_

Performer Signature: \_\_\_\_\_ Producer Signature: \_\_\_\_\_

Date Worked	Work From/To		Meals From/To		Travel to Loc From/To		Travel from Loc From/To		Makeup/Fitting From/To	
Performer Signature										

**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. Extra Performer acknowledges that Extra Performer has and will become aware of certain Confidential Information. Unless otherwise required by law, Extra Performer agrees that, without Producer's prior written approval, Extra Performer shall hold such Confidential Information in the strictest confidence and that Extra 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 Extra 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 Extra 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) below 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](http://www.irs.gov/pub/irs-pdf/fw4.pdf) or our web site at [extremereach.com/talent-resources](http://extremereach.com/talent-resources).

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2019</div>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> 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"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . <b>7</b>					
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶			
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	