Casting Payroll
How to Complete a SAG Background Voucher

To process a voucher, the following steps should be completed. See sample voucher on next page.

1. Legal Last and First name as it appears on the Social Security card.
2. Social Security number (either the entire number or at least first six digits).
3. AKA name (this is SAG name).
4. Call time.
5. Work date.
6. Show name.
7. Production Company’s name.
8. W4 section – must be completed by the background performer.
9. Home address – must be completed by the background performer.
10. Agent address – if paycheck is to be mailed to agent, this must be completed by the background performer.
11. Reporting Time – this is the Set reporting time.
12. First meal break.
13. 2nd meal break if applicable.
15. Approval for payment – this is signed by productions.

IMPORTANT: Voucher will not be processed without approval

16. Basic rate – Pay rate for the day. Any rate changes should be reflected here.
17. Additional compensations – such as wardrobe, auto, smoke, wet, hair, makeup, any bumps, etc., should be added in this area.
**PRODUCTION COPY**

**SAG TALENT VOUCHER**

ANY CLASSIFICATION FROM BASIC RATE MUST BE EXPLAINED IN FULL OR VOUCHER WILL NOT BE PROCESSED FOR PAYMENT.

EXPLAIN ADDITIONAL COMPENSATION CLAIMS AND/OR ALLOWANCES IN THIS SPACE

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**LEGAL LAST NAME**

**FIRST**

**SOC. SEC. NO. MUST BE PROVIDED**

**AKA NAME**

**TIME OF CALL**

**WEATHER**

**DATE**

**PRODUCTION/SHOW**

**PRODUCTION COMPANY**

**PRODUCTION NO.**

**MARITAL STATUS**

**NO. DEP.**

SINGLE  [ ]  MARRIED  [ ]

If claiming exemption from withholding, write exempt and year in box.

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I, the undersigned, certify that the number of income tax withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

I agree to accept the sum properly computed based upon the times and base wage rate shown as payment in full for all services hereinafter rendered by me for Central Casting/Cenex. I further agree that the said sum, less all deduction required by law, may be paid to me by negotiable check issued by said company, said check to be addressed to me at my last reported address and deposited in the United States mail within the time periods provided by law.

I hereby give and grant to the company named all rights of every kind and character whatsoever in and to all work hereinafter done, and all poses, acts, plays, 859 appearances hereinafter made by me for you and in and to all the results and proceeds of my services hereinafter rendered for you, as well as in and to the right to use my name, likeness and photographs, either still or moving for commercial and advertising purposes. I further give and grant to the said company the right to reproduce, in any manner whatsoever any recordings hereinafter made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I further agree that in the event of a retake of all or any of the scenes in which I participate, or if additional scenes are required (whether originally contemplated or not) I will return to work and render my services in such scenes at the same basic rate of compensation as that paid for the original taking.

By signing this form, I hereby agree that Central Casting/Cenex may take deduction from my earnings to adjust previous overpayments and when said overpayments may occur.

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THE UNDERSIGNED ACCEPTS EMPLOYMENT ON THE TERMS AND CONDITIONS SET FORTH ABOVE.

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*** DO NOT WRITE IN THIS SPACE ***

**WORK HOURS**

**MEAL PERIODS**

**RECORDING**

**FROM**

**TO**

**SET DISMISSAL**

**AM**

**PM**

**MBR FROM**

**TO**

**WARDROBE/TRAVEL TIME**

**MEAL PENALTIES**

**AMOUNT**

**APPROVED FOR PAYMENT**

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**EMPLOYEE SIGN HERE**

**PHONE NUMBER**

---

**STREET**

**STATE**

**ZIP**

---

**SEND CHECK TO AGENT**

**PHONE NUMBER**

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**STREET**

**STATE**

**ZIP**

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**YOUR EMPLOYER OF RECORD IS CENTRAL CASTING CORP.**

**IF YOU ARE NOT REGISTERED WITH CENTRAL CASTING CORP. A COMPLETED 19 MUST BE PROVIDED FOR PAYMENT.**

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*** PLEASE PRINT SOCIAL SECURITY NUMBER IN SPACES ABOVE ***

**INQUIRIES 3-5 PM PST (818) 729-6450 ***

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