



# PRODUCTION REPORT

www.SAGAFTRA.org/WMA

Office: (301) 657-2560

Fax: (301) 656-3615

7735 Old Georgetown Rd. Suite 950, Bethesda, MD 20814

Performer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Hours Worked/Rehearsal: \_\_\_\_\_ TO \_\_\_\_\_ Agent: \_\_\_\_\_

### CATEGORY

- Announcer/Narrator/Off-Camera
- On-Camera Performer
- Background
- Hand Model
- Singer

Number of wardrobe provided by the Performer: \_\_\_\_\_

<b>Commercials</b> (23.5%)	<input type="checkbox"/> Audio (AFTRA Retirement)	<input type="checkbox"/> TV (SAG Pension)
<b>Regional Commercial</b> (19.95%)	<input type="checkbox"/> Audio (AFTRA Retirement)	<input type="checkbox"/> TV (SAG Pension)
	<input type="checkbox"/> 13 Weeks	<input type="checkbox"/> 1 Year
<b>Corporate-Ed/Non-Broadcast</b> (AFTRA Retirement, 20.25%)	<input type="checkbox"/> WMA CoEd Waiver	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category II*
	<i>*Under WMA CoEd Waiver, Category II rates to be negotiated at the time of engagement</i>	
<b>Programs</b> (AFTRA Retirement)	<input type="checkbox"/> Cable Program (21.3%)	<input type="checkbox"/> Radio Program (11.5%)
	<input type="checkbox"/> Television Program (21.0%)	<input type="checkbox"/> Public Radio Program (11.5%)
	<input type="checkbox"/> Public Television Program (17.1%)	
<b>Other</b>	<input type="checkbox"/> Audio Books ___% (AFTRA)	<input type="checkbox"/> New Media ___% (SAG)
	<input type="checkbox"/> Interactive Media 17.0% (AFTRA)	<input type="checkbox"/> Electronic Media ___% (AFTRA)

Date(s) of Session: \_\_\_\_\_ Production Co: \_\_\_\_\_

Location/Studio (State): \_\_\_\_\_ Producer: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Signatory: \_\_\_\_\_

Length of Production: \_\_\_\_\_ Fee to Be Paid by: \_\_\_\_\_

Title: \_\_\_\_\_ Markets/Units: \_\_\_\_\_

Date(s) of Broadcast: \_\_\_\_\_ Station: \_\_\_\_\_ Network: \_\_\_\_\_ Synd: \_\_\_\_\_

Compensation Session:	
Compensation Residuals/Use:	
Total Gross Compensation:	
SAG-AFTRA Health Plan Contribution:	

Payroll Period Ending: \_\_\_\_\_

**Make payable to "SAG-AFTRA Health Plan."**

**Send the check and a copy of this document to: SAG-AFTRA Health Plan, P.O. Box 54867, Los Angeles, CA 90054**

Additional Information: \_\_\_\_\_

*Send a copy of this report to SAG-AFTRA and the paymaster (if applicable).*