



SAG-AFTRA
 5757 Wilshire Boulevard
 Los Angeles, CA 90036-3600

FINAL CAST LIST INFORMATION SHEET

Date Filed: _____

PICTURE TITLE: _____

SHOOTING LOCATION: _____

PRODUCTION COMPANY: _____

START DATE: _____ COMPLETION DATE: _____

ADDRESS: _____

FEDERAL I.D. # _____ STATE I.D. # _____

PHONE: _____

PICTURE # _____

DISTRIBUTOR: _____

Check One: MP MOW OTHER TV INDUSTRIAL OTHER

To establish Residual payments, see Section 5.2 of the 1980 Basic Agreement.

* PERFORMER NAME & SOCIAL SECURITY NUMBER	* NAME OF LOAN-OUT CORPORATION & FEDERAL I.D. #	PERFORMER ADDRESS INCLUDING ZIP	(1) Period worked		(1)	(1)	(2)	(3)	(4)	(5)			For SAG-AFTRA Use Only	
			Days	Weeks	Start Date	Finish Date	Contract Type	Performer Type	Total Gross Salary	Base Salary	Time Units	Salary Units		Total Units

- (1) Include days not worked, but considered worked under continuous employment provisions. Report contractually guaranteed work period or actual time worked, whichever is longer.
 - (2) Insert D for Daily or W for Weekly type of contract.
 - (3) Insert: A= Actor; ST= Stunt; P= Pilot; SG= Singer; ADR= Automated Dialogue Replacement
 - (4) Include all salary, Overtime, Premium, and Stunt Adjustments. Do not include any penalties paid (i.e. Meal Penalties, Forced calls, etc.).
 - (5) List base contractual salary (i.e. \$1,500.00/week or \$500.00/day).
- * If performer was employed and paid through his/her loan out corporation, list both the performer's name/SSN and the corporation name and Federal ID number.

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