FINAL CAST LIST INFORMATION SHEET

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

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.

			(1) Period worked		(1)	(1)	(2)	(3)	(4)	(5)	For SAG-AFTRA Use Only		
* PERFORMER NAME & SOCIAL SECURITY NUMBER	* NAME OF LOAN-OUT CORPORATION & FEDERAL I.D. #	PERFORMER ADDRESS INCLUDING ZIP	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 consider worked under continuous employment provisions.
Report contractually guaranteed work period or actual time worked, whichever is longer.
(2)   Insert <u>D</u> for Daily or <u>W</u> 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 <u>and</u> the corporation name and Federal ID number.

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