

Standard AFTRA Employment Contract for Radio Commercials

Date _____

Between _____, Producer, and _____ Performer.

Producer engages Performer and Performer agrees to perform services for Producer in Radio Commercials as follows:

Commercial Title(s)	Code No.(s)	# of Tags

Total No. of Commercials _____

Such commercial(s) are to be produced by _____
(Advertising Agency) _____
(Address)

acting as agent for _____
(Advertiser) _____
(Product(s))

City and State in which services rendered: _____ Place of Engagement _____

Date & Hr. of Engagement _____

- Announcer Solo or Duo Contractor Multiple Tracking or
- Actor, Actress Group - 3-5 Sound Effects Sweetening (for singers) Did Occur Did Not Occur
- Singer Group - 6-8
- Group Speaker Group - 9 or more Spanish Language Translation Services Performed

Compensation _____ Part to be Played _____

The standard provisions printed on page 2 hereof are a part of this contract. If this contract provides for compensation at the AFTRA minimum, no addition, changes or alterations may be made in this form other than those which are more favorable to the Performer than herein provided. If this contract provides for compensation above the AFTRA minimum, additions may be agreed to between Producer and Performer which do not conflict with the provisions of the **AFTRA Radio Recorded Commercials Contract**, provided that such additional provisions are separately set forth under "Special Provisions" hereof and signed by the Performer.

All notices to Producer shall be addressed as follows: _____

All notices to Performer shall be addressed as follows: _____

Until Performer shall otherwise direct in writing, Performer authorizes Producer to make all payments to which Performer may be entitled hereunder by check payable to Performer and sent to the AFTRA office nearest the city in which the commercial was made, or as follows:

- To Performer at _____
- To Performer c/o _____ at _____
(Agent/Representative) (Address)

This contract is subject to all of the above terms and conditions of the **AFTRA Radio Recorded Commercials Contract**. Employer of Record for income tax and unemployment insurance is -
Spotlight Payroll, Inc., 20 N. Wacker Dr., Suite 2500, Chicago, IL 60606 312-726-4404

PRODUCER (Name of Co.) _____

BY _____

PERFORMER _____ Soc Sec # _____

The Performer has the right to consult with his/her representative or AFTRA before signing this contract,

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 _____
(Mother, Father, Guardian)
of the above named Performer and do hereby consent and give my permission to this agreement. _____
(Signature of Parent or Guardian)

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's Signature _____

Dates Worked	Work Time From/To

Performer's Signature or Initials: _____

Standard Provisions

1. Theatrical/Industrial Use (Strike the paragraph below if such rights are not granted by Performer)

Producer shall have the right to the commercial(s) produced hereunder for Theatrical & Industrial Use as defined and for the period permitted in the **AFTRA Radio Recorded Commercials Contract**, for which Producer shall pay Performer not less than the additional compensation therein provided.

2. Arbitration

All disputes and controversies of every kind and nature arising out of or in connection with this Contract shall be subject to arbitration as provided in the **AFTRA Radio Recorded Commercials Contract**.

3. Producer's Rights

Performer acknowledges that Performer has no right, title or interest of any kind or nature whatsoever in or to the commercial(s). A role owned or created by Producer belongs to Producer and not to Performer.

Performer's phone number is _____

Performer's email address is _____

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate For Privacy Act and Paperwork Reduction Notice, see reverse.		OMB No. 1545-0010 2010	
Type or print your first name, middle initial and last name			2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: if married, but legally separated, or spouse is nonresident alien, check the Single box.			
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. > <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck.		6		7	
7 I claim exemption from withholding for 2010 and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here. >					
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature >			Date >		
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)	10 Employer identification number		