The Schedule A (production report) is to be submitted within 48 hours of wrap to music@sagaftra.org . Note the following instructions regarding the Schedule A:

- This is a fillable form and we ask that it be filled out as such so that we can fully identify all performers as this form is used to Taft Hartley.
- The Schedule A must be filled out per production day (rehearsals are production days and are to be listed under the rehearsal column). The report cannot be compounded
- If the budget is under $50K, only the top portion needs to be filled out, unless paying H&R contribution
- All principal performers are to be listed on the Schedule A and first ten (10) background actors for budgets over $50K
- All columns past hours worked are dollar amounts (ie. meal break is the penalty amount and not length of break)
- If column is not applicable, please leave blank
- H&R is 13.5% of total gross compensation. Payroll is to handle the H&R payment. Please forward an emailed copy of the payroll edit and payment.

SAG-AFTRA

Music Video Production Report/Schedule A

Signatory Company (Record Label):

Featured Artist:

Production Date(s):

Song Title:

Location:

Production Company:

Contact Name:

Phone/Email:

$

Total Music Video Budget

Please email completed report to **music@sagaftra.org** within 48 hours.

For video budgets OVER $50,000 ONLY, also complete information below.

List All Covered Performers Name (Last, First, MI)	**Social Security #**	***Category**	**# Hours Worked**	**Rehearsal Rate**	**Day Rate**	**Wardrobe Fee**	**Meal Break Penalty**	**Extraordinary Risk**	**Use Fee**	**Total Gross Compensation**
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$

*Key to Category	Background Actor = BA	Choreographer = C
Actor = A	Other = O	Stunt = S
Dancer = D	Assistant Choreographer = AC	Stunt Coordinator = SC

Total: $

Health & Retirement (_____%): $

List All Covered Performers Name (Last, First, MI)	**Social Security #**	***Category**	**# Hours Worked**	**Rehearsal Rate**	**Day Rate**	**Wardrobe Fee**	**Meal Break Penalty**	**Extraordinary Risk**	**Use Fee**	**Total Gross Compensation**
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$
				$	$	$	$	$	$	$

*Key to Category	Background Actor = BA	Choreographer = C
Actor = A	Other = O	Stunt = S
Dancer = D	Assistant Choreographer = AC	Stunt Coordinator = SC

Total: $ _____

Health & Retirement (_____%): $ _____