



Character Name	Performer's Name and Contact Number	SAG-AFTRA ID# or Last Four Digits SSN	Agent's Name and Contact Number	Total Days or Weeks of Employment	Base Day Rate	Total Earnings
				____ Days ____ Weeks	\$	\$
				____ Days ____ Weeks	\$	\$
				____ Days ____ Weeks	\$	\$
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				____ Days ____ Weeks	\$	\$

SAMPLE





