



**THEATRICAL/TELEVISION TAFT-HARTLEY REPORT
(BACKGROUND ACTORS ONLY)**

**Please be advised that it is the Producer's responsibility to complete
this report in its entirety or it will be returned for completion.**

Employee Information

Name: _____ SS#: _____
Address: _____ Date of Birth (if minor): _____
City/State: _____ Zip: _____ Phone: () _____
E-mail: _____

Employer Information

Name: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Check one: Casting Agency Studio Production Co. Other: _____

Employment Information (check one selection from each)

Contract Type
 Television Theatrical

Performer Category
 General Special Ability / Photo Double
 Stand-in Other: _____

Work Date(s): _____ Salary: _____
Production Title: _____ Prod./Commercial. #: _____
Shooting Location(s) (City & State): _____
Reason for Hire (be specific): _____

Employer is aware of Schedule X-1, Section 42 and Schedule X-II, Section 43 of the Basic Agreement, as amended, that applies to Theatrical and Television production wherein Preference of Employment shall be given to qualified professional actors (except as otherwise stated). Employer will pay to SAG-AFTRA, as liquidated damages, the sums indicated for each breach by the Employer of any provision of those Sections.

PRODUCER OR CASTING DIRECTOR ONLY WRITE BELOW THIS LINE

Signature: _____ Date: _____
Print Name: _____ Title: _____
Phone: () _____

Please Note: Taft Hartley Reports Must Be Received Within 15 Working Days Of The Work Date.

**Send All Theatrical and Television Taft Hartley Reports to the Background Actors Department c/o SAG-AFTRA
5757 Wilshire Boulevard, 7th Floor, Los Angeles, CA 90036-3600
Phone: 323.549.6811/ Fax: 323.549.6460**