

**EastWest Payroll Services, Ltd.**  
 eastwestpayroll@gmail.com  
 415-824-8080

4104 24th St. #765  
 San Francisco, CA  
 94110

**WEEKLY CREW VOUCHER**

Union _____
<b>Local #:</b> _____
Non-Union _____

Last Name	First Name	SS#	Occupation:
-----------	------------	-----	-------------

Employee signature	Address: Street / City / State / Zip Code
--------------------	-------------------------------------------

Email	Phone	Check one: Married _____ Single _____	Total Exemptions	Rate /per hour(s)
-------	-------	---------------------------------------------	------------------	-------------------

Date	Call Time	Wrap	Meal 1 Start/Stop	Meal 2 Start/Stop	Total Hours	HOURS OT			Meal Penalty	Kit/Rental Fee	Misc. Adjust.	TOTAL EARN. (not kit or misc.)
						1.5x	2x	3x				
Producer's Signature					Totals:							

Production Co/Agency:	Client/Project ID:
-----------------------	--------------------

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074  
 Department of the Treasury Internal Revenue Service  
 ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.  
**2016**

1 Your first name and middle initial		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.	
City or town, state, and ZIP code				Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.					
• 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, write "Exempt" here . . . . . ▶					7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)