



Contract Labor Payroll Form

Employee Name:	Phone:
Address:	SS# or FIN:
	Position:
Event:	Rate:

Date	In Time	Out Time	Regular Hours	Overtime Hours	Total

Per Diem:		
Mileage:		
Expenses:		
Total:		

Subtotal:

TOTAL DUE:

CREW RELEASE

1. I understand the I will be paid for performing a specific job as an independent contractor for Broadcast Service Group, not as a staff member or employee
2. Receipts are required for any authorized reimbursable expense.
3. I understand that no tax deductions or contributions will be made from this payment, and that Broadcast Service Group will file IRS Form 1099 when the annual payment to me for fees and expenses equals or exceeds \$600.00 and that I am responsible for reporting all tax and income to appropriate local, state, and federal authorities.
4. I understand the Broadcast Service Group is required to have on file a completed IRS W-9 Form before payment made to me.

check #

Date

Signature:	Date:

6052 Turkey Lake Rd.
Suite# 100
Orlando, Florida 32819

Phone: (407) 903-9993
Fax: (407) 903-9998
production@broadcastservicegroup.com