

FOREIGN WORKER INFORMATION SHEET

JOB NAME/COMPANY	
FULL NAME AS APPEARS ON PASSPORT	
SEX	
DATE OF BIRTH (MM/DD/YYYY)	
SOCIAL SECURITY NUMBER	
ADDRESS	
TELEPHONE NUMBER	
POSITION / JOB TITLE	
EXPECTED TOTAL WAGES FOR THIS JOB:	
COUNTRY OF BIRTH	
CITIZENSHIP	
TAX IDENTIFICATION NUMBER (FROM YOUR COUNTRY OF RESIDENCE)	
DATE OF JOB SHOOTING	
DATE OF ARRIVAL/ DEPARTURE	
IMMIGRATION PROCESSING AT	
UNION CONCURRENCE?	
ARE YOU INVOICING AS A CORPORATION OR INDIVIDUAL?	
IF CORPORATION, WHAT IS THE FISCAL YEAR END?	
IF CORPORATION, WHAT IS THE CORPORATION'S NAME & ADDRESS?	
IF CORPORATION, ARE THERE ANY PARTNERS IN THE COMPANY? (If Yes, what share % do you hold?)	

IF YOU HAVE WORKED IN CANADA
IN THE PAST, PLEASE PROVIDE
YOUR CDN BUSINESS NUMBER
OR ITN (INDIVIDUAL TAX NUMBER)

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HAVE YOU WORKED IN CANADA	DURING THIS CALENDAR YEAR? YES NO IN THE PAST 3 YEARS? YES NO
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IF YOU ANSWERED YES TO EITHER OF THE ABOVE, PLEASE LIST JOB NAMES,
PRODUCTION COMPANY, SHOOT DATES & AMOUNT EARNED.

Dates of Previous Service (YYYY-MM-DD) From To		Name of Payer & Job Name Also indicate Canadian City where shoot took place	Was a Tax Waiver Applied for? Y or N	Fee received and currency of fee

****IF YOU ARE INCORPORATED, PLEASE ENTER CONTACT INFORMATION OF
YOUR BUSINESS MANAGER**

Name: _____

Company: _____
Telephone: _____
Email: _____

****IF YOU ARE INCORPORATED PLEASE SEND A COPY OF YOUR ARTICLES OF INCORPORATION WITH THIS FORM TO olivia@opc.tv**