

FOREIGN WORKER INFORMATION SHEET

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| 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 |
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****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**