



IATSE Local 320

UTP Productions

Payroll Registration Instructions

This PDF contains all the forms you need to fill out to register with UTP Productions, who is the payroll company and “employer of record” for events many we service. Listed here are the individual forms, along with some important points to remember when completing them. FULL INSTRUCTIONS CAN BE OBTAINED FROM YOUR JOB STEWARD OR DOWNLOADED FROM OUR WEBSITE AT www.iatse320.org/forms.

- **IRS Form W-4**
 - Complete everything up to Step 5. Do not write in the “Employers Only” section at the bottom of the page.
- **USCIS Form I-9**
 - Fill out Page 1 completely; the “Preparer and/or Translator Certification” area at the bottom should be left blank unless you are using a preparer or translator.
 - Note the date format - mm/dd/yyyy. That means TWO digits for the month or year, even if the leading digit is 0 (zero), and FOUR digits for the year. 01/14/2022 is acceptable; 1/14/22 is not. (Yes, our payroll company can actually get fined by the government for this, which is stupid, but that’s the way it is. Thanks for your understanding.)
 - As part of the I-9 form, your job steward will need to inspect your Identity and Employment Authorization forms of ID. For most people, this will consist of either a passport OR a combination of Driver’s License and Social Security Card. Your job steward will need to verify your forms of ID, so be ready to present them. Consult the complete I-9 instructions to learn what forms of ID are acceptable. (Note that there are three lists; a List A item is acceptable by itself; if you are not providing something from List A, then you must provide something from List B and List C.)
- **State of Georgia Form G-4**
 - Complete everything up to the Employee’s Signature. Do not write in the Employer section at the bottom of the page.
- **Assessment Check-Off Authorization**
 - This is a required assessment for working events under a Local 320 contract.
- **UTP Group Direct Deposit Application**
 - Optional; you will be paid by Direct Deposit by UTP if you complete this.
- **Safety Checklist**
 - Read and sign.

Please do not include this page when you return the documents to us. Thank you for being a part of the crew!

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES,
MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES AND CANADA, AFL-CIO, CLC

Hall:
1513 Paulsen St.
Savannah, GA 31401

Local Union No. 320
Chartered February 6, 1914

Mail:
PO Box 5731
Savannah, GA 31414

Phone: (912) 232-2203

Fax: (404) 920-4356

iatse320@gmail.com

www.iatse320.org



ASSESSMENT CHECK-OFF AUTHORIZATION

To: All Employers

Effective immediately the undersigned hereby assigns to I.A.T.S.E. Local # 320 of Savannah Georgia four percent (4%) of all gross wages that are earned by him or herself and authorizes and directs his employer to deduct such four percent (4%) from all wages earned and remit those deducted wages to I.A.T.S.E. Local # 320. This assessment of wage and assignment to I.A.T.S.E. Local # 320 shall be irrevocable for a period of one (1) year, from this date, and shall be applicable at all theaters, arenas, convention centers, exposition halls, hotel ballrooms and/or any other job locations within the jurisdictional boundaries of I.A.T.S.E. Local # 320. Further, this four percent (4%) assessment will automatically be renewed upon the expiration date, so long as the person is a member of or works under a contract of I.A.T.S.E. Local # 320.

In signing this check-off authorization, I do so voluntarily, knowing that it is not a condition of employment.

Employee Name: First / MI / Last

Current Address: Street

____ - ____ - ____
Social Security Number

City / State / Zip

Birthdate: Month / Day / Year

Phone Number (mobile and/or home)

Email Address

Employee Signature

Date

Please Print Clearly!

New hire safety practices and fit for duty checklist

Before being referred to work as a UTP employee, each new hire is required to affirm that s/he understands the following information by checking the corresponding boxes and signing this form.

1. **Overview of the Work:** Your job will consist of the unloading, assembly and disassembly of equipment that supports traveling performances, concerts and entertainment attractions.
2. Always remember it's during these processes that preventable injuries most often occur.
3. **Fitness for Duty** means that by signing this document and checking its corresponding boxes, you are able to understand and practice this information. It also means that you will
 - a. Always present yourself as adequately rested, fed, and able to physically, mentally and safely cooperate with others in this line of work.
 - b. Always **wear snug-fitting mechanic style gloves and steel toe shoes or boots** (see links for purchasing these items elsewhere on this website)
 - c. **Always arrive and remain chemically free** of any substance, legal or not, that is known to possibly impair your ability to safely and effectively do your job.
 - d. Always be mindful that UTP employees agree to be tested for chemical substances as routine procedure prior or during any post injury medical treatment.
4. ***Always and immediately report any workplace injury, illness or hazardous condition to your steward.***
 - a. Be familiar with the information necessary to complete **UTP accident report forms** which are available on this website.
5. **Awareness of Forklifts, Scissor lifts, Snorkels and other machinery:**
 - a. Establish eye contact and awareness with drivers working in your area.
 - b. Remain clear of travel lanes. Remain alert for reverse gear warning beeps and beacons.
 - c. Keep well away from wheels, masts, loads and forks. ***Never*** ride as a passenger.
6. **Proper lifting techniques:**
 - a. Mentally go over the entire lift before you commit. Center the load between your feet.
 - b. With head back and back straight, bend your knees to lower your body to reach the load
 - c. Always lift with your legs—never from your waist. Keep the load centered and close.
 - d. Pivot the load by redirecting your feet and body, never by twisting at your back or waist.
7. **Managing Rolling Containers (RC) e.g. racks, road cases, dollies, hampers—anything on wheels:**
 - a. Never attempt to move an RC you can't see around or safely control without help.
 - b. Never pace your RC faster than a steady, controlled walk.
 - c. Never leave your RC unattended or insecurely blocked on an unlevel surface.
 - d. Never place your hands on a RC where they can be crushed by shifting contents.
 - e. Always maintain a distance of 6 + feet between your RC and the pusher ahead or behind.
8. **Slip/Trip/Fall Hazards:**
 - a. Never walk while using handheld electronics or while distracted.
 - b. Practice *looking* up and around, and conscious of what you are doing at all times.
 - c. **Never step backwards without really SEEING what's behind you first.**
 - d. Beware of stepping on anything between the sole of your shoe and the floor.

Applicant's Signature _____ Cell phone# _____

Printed name _____ Date _____