

INSTRUCTIONS:

Please e-mail your completed application and two forms of ID to:

927forms@mail.com

You will need to mail in the annual fee to the address below.

(the fee is \$75 for a first time applicant, \$50 each year after)

OR

You may mail your completed application along with a color copy of your IDs and the \$75 or \$50 money order to our POB.

Our mailing address is:

I.A.T.S.E Local 927

P.O. Box 162822

Atlanta, GA 30321

Once the office receives your paperwork, IDs and fee you will be added to our rotation call list and start receiving offers for work.

You will also receive a couple of emails from us. One will contain Live Nation on-boarding information.

The forms you file with our office will get you paid for most of the work you do through the local. There are a few clients, such as Live Nation & The Fox Theatre who cut their own payroll and will need for you to follow their process in order to be paid.

If you are a member, please remember to stay current on your quarterly union dues to stay an active referral.



I.A.T.S.E. Local 927
P.O. Box 162822
Atlanta, GA 30321
404.870.9911 ♦ Fax: 404.870.9906



AGREEMENT AND AUTHORIZATION FOR WORK DUES

I, _____ hereby request I.A.T.S.E. Local 927, (“Union”), to refer me to work available with any employer with whom the referral shall be in accordance with the terms and conditions of the Union’s agreement with employer and the Non-Contractual Referral Procedure.

In consideration for referral, I hereby agree to pay the Union work dues. The amount of work dues are updated from time to time by the Union. Work dues are due and payable at the time the employer compensates me. Under normal circumstances the work dues are subtracted automatically by the employer.

Where applicable, I hereby authorize the employer to deduct from my wages an amount equal to the Union’s work dues and to remit the same to the Union. I understand and agree that I am ultimately responsible for payment of work dues. I understand and agree that if for any reason the fee is not taken out of my check, that my failure to pay such work dues relieves the Union of any obligation to refer me to work.

I further understand and agree that the work dues are due and payable to the Union regardless of my membership or lack of membership in the Union.

I hereby acknowledge that the Union has made no guarantees, inducements, or promises of any kind in connection with this agreement and authorization, which I now sign freely and voluntarily.

Signature

Date

Street Address

Telephone #

City, State, Zip

SS#

Email address: _____

NOTICE: The Union shall refer workers for work under this agreement without regard to their race, sex, color, religion, creed, national origin, age, membership or lack of membership in the Union.

Personal Information

(Please Print Clearly)

Personal Data:

Name: _____

SSN: _____

DOB: _____

Address: _____

City, State, Zip: _____

Main Phone: _____

Email address: _____

Add me to the I.A.T.S.E. Local 927 email list

Yes No **Put an X next to one**

Emergency Contact: Who we should contact if
you were to get hurt on a job site?

Name: _____

Relation: _____

Phone #: _____

Are you interested in quick calls? _____

Do you have reliable transportation? _____

Contact Numbers For Work Calls:

Call this # 1st: _____

Circle one (home or Cell)

Call this # 2nd: _____

Circle one (home or Cell)

Other Information:

Are you a full or part time student? Y N

Veteran? Branch: _____ From/To: _____

Discharge type: _____

Union Members Only:

I joined my 1st IATSE Local in (year) _____

Local # _____

Date initiated into Local 927: _____

I was a member of Local 41 _____

Local 225 _____

Local 824 _____

Local 834 _____

Local 479 _____

Work References

(People who have worked with you as a stagehand)

Name _____

Name _____

Name _____

Phone _____

Phone _____

Phone _____

EXPERIENCE AND QUALIFICATIONS FORM

Please check the selected level of each individual skill listed below:

LEAD	Capable of running a crew and teaching other referrals how to do the job
CRAFTSMAN	Able to work independently or lead a small group to complete a job
JOURNEYMAN	Able to work at this job with minimal supervision
HELPER	Can work assisting other referrals but need additional training

LEAD	CRAFTSMAN	JOURNEYMAN	HELPER
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REQUEST A LIST

	A	B	C	Extra
X under each department for skill level				
	<u>LEAD</u>	<u>CRAFTSMAN</u>	<u>JOURNEYMAN</u>	<u>HELPER</u>
CARPENTER				
FLYMAN				
ELECTRICIAN				
BOARD OPERATOR				
SPOT OPERATOR				
MOVING LIGHT OPERATOR				
AUDIO				
A-1				
A-2				
ENGINEER				
RIGGING				
DOWN RIGGER				
UP RIGGER				
CLIMBER				
LICENSED LIFT OPERATOR				
PROPS				
PROPS BUILDER				
PROPS SHOW RUNNER				
VIDEO				
ENGINEER				
BREAKOUT SET UP				
CAMERA				
OPERATOR				
OWNER/OPERATOR				
HANDHELD				
LONG LENS				
PROJECTIONIST				
PYRO/SPECIAL EFFECTS				
LICENSE				
LASER				
SHOP SKILLS				
CARPENTER				
WELDER				
ELECTRICS				
PROPS				

SPECIAL SKILLS: _____



Atlanta Landmarks, Inc.
660 Peachtree Street, NE
Atlanta, GA 30365
(404) 881-2100

EMPLOYMENT HISTORY REQUEST FORM

FOR

I.A.T.S.E. STAGEHANDS

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

How long have you lived at current address? _____ mos. / yrs. How long have you lived in Georgia? _____ mos. / yrs.

Previous Address: _____
(if current is less than 3 yrs.) STREET CITY STATE ZIP CODE

Contact Info: () HOME () CELL / PAGER () OTHER

Related Employment History

Provide the following information for your past three (3) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
		()	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
		()	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
		()	
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions during your employment.

SKILLS: ☐ Carpentry ☐ Electrician ☐ Audio ☐ Props ☐ A/V ☐ Rigging ☐ Forklift ☐ Trucks

Number of years trained/experience in live theatrical performances? _____ mos. / yrs.

Job Related Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I understand that if I am employed, any misrepresentation or material omission made by me on this questionnaire will be sufficient cause for immediate discharge from the employer's service, whenever it is discovered.



UTP Productions Direct Deposit Application

EMPLOYEE NAME: _____
LAST FIRST MI

SOCIAL SECURITY #: _____

LOCAL UNION #: _____

BANK NAME: _____

CHECK ONE: CHECKING OR SAVINGS

ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

SIGNED BY _____ DATE _____

YOUR EMAIL ADDRESS _____

It is advised that you contact your bank to verify your account number and bank routing number for purposes of direct deposit.

Fax to 801 328-1307 or email to payroll@utpgroup.com.

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2024****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, and when to use the estimator at www.irs.gov/W4App.

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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (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 ☐

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
employmentEmployer identification
number (EIN)

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority			Check here if you used an alternative procedure authorized by DHS to examine documents.		
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment
(mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Grove, Mary - Authorized Representative				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
UTP Productions, Inc		P.O. Box 3778, Salt Lake City, UT 84110		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



2211004013

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[]

4. DEPENDENT ALLOWANCES []

B. Married Filing Joint, both spouses working:

Enter 0 or 1[]

5. ADDITIONAL ALLOWANCES []

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2[]

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1[]

6. ADDITIONAL WITHHOLDING \$ _____

E. Head of Household:

Enter 0 or 1[]

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**(Must be completed in order to enter an amount on step 5)****1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind Number of boxes checked _____ x 1300.....\$ _____**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions.....\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600
Each Spouse \$3,000 \$ _____

C. Subtract Line B from Line A.....\$ _____

D. Allowable Deductions to Federal Adjusted Gross Income\$ _____

E. Add the Amounts on Lines 1, 2C, and 2D\$ _____

F. Estimate of Taxable Income not Subject to Withholding\$ _____

G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Taxpayer Service Division, P.O. Box 105499, Atlanta GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:**EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____**Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.**