



**GREENSLATE**

61 Main St  
Delhi, NY 13753  
212.206.1724 Tel  
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**CELL PHONE ALLOWANCE**



Name: \_\_\_\_\_ Last 4 Social Security #:   XXX - XX - \_\_\_\_\_

Address: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (for Loan-Outs only)  
\_\_\_\_\_

Position: \_\_\_\_\_

Please note that allowance payments for cellular phone use MUST be in accordance with IRS guidelines.

This form herewith attests that the employer listed above has a substantial non-compensatory business reason for requiring the individual named above to maintain a personal cell phone to facilitate communication essential to the work done for production company.

**Allowance Agreement**

Cell Phone #: \_\_\_\_\_

Amount:       \$ \_\_\_\_\_

Beginning Date: \_\_\_\_\_  Per Week        One Time Pmt

**Signature**

Print Name (Employee) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Producer): \_\_\_\_\_ Date: \_\_\_\_\_