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LOAN-OUT START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

		RES. STATE	WK STATE	ACCOUNT		
PRODUCTION COMPANY		PROJECT				
LOAN-OUT NAME		FEDERAL ID#		START DATE		
EMPLOYEE FSO NAME		MINOR? <input type="checkbox"/>	EMPLOYEE SS#			
MAILING ADDRESS		UNION	OCCUPATION DESCRIPTION		OCC CODE	
CITY		AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			SCHEDULE	
STATE	ZIP	PHONE		EMAIL		
STATE INCORPORATED		STATE ID NUMBER		<input type="checkbox"/> US CORPORATION <input type="checkbox"/> LLC OWNED BY CORPORATION <input type="checkbox"/> NON-US COMPANY: COUNTRY _____		
DATE INCORPORATED						
PLEASE COMPLETE PER LOAN-OUT'S SCHEDULE:						
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>		STUDIO RATE	GUAR HOURS	DISTANT RATE	GUAR HOURS	ACCOUNT
HOURLY RATE						
WEEKLY RATE						
6TH DAY						
7TH DAY						
IDLE 6TH						
IDLE 7TH						
KIT RENTAL						
CAR ALLOWANCE						
MEAL ALLOWANCE						
MEAL PENALTY						
SIGNATURE OF AUTHORIZED OFFICER			DATE	PRODUCTION APPROVAL		DATE

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit <https://www.capspayroll.com/MPNNotice.pdf>, email MPN@capspayroll.com, or call 877-243-9910.