



Contract Services Letter Request Form

Full Name:	
Mailing Address:	
E-Mail Address:	
Contact Phone Number:	
Last four digits of Social Security Number:	
Union:	

Payroll company: CAPS Universal Payment Olympic Partners

Occupation:	
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For work on: Commercial Feature TV Show Music Video

Is the request for a particular project/production company or a specific date range?

If yes, please indicate here:

Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide FEIN: _____

Is this your first request for a letter? Yes No

If not, what was the date of your last request?

Is the request for a submission of a revised letter? <input type="checkbox"/> Yes <input type="checkbox"/> No

Office that processed the payroll:

Culver City, CA New York, NY Northbrook, IL Other: _____

Who should receive the letter at CSATF (if known)?

Signature _____ Date _____

Please fax this completed, signed form to 310-280-0889 or scan and e-mail to: info@capspayroll.com

Once your request has been submitted and processed we will forward the information to CSATF and send a copy to you.