



Production Services, LLC

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Burbank, California 91504-3350
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New York, NY 10036
818.848.6022

Loan-out Start/Close Form

Producing company				Project title			
Name of loaned-out employee				Social security number		Birthdate	
Employee address				Guild		Occupation	
						SAG Schd letter (check one) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> Other _____	
Name of loan-out				Hire state	Work state	Start date	Wage account number
Federal employer ID number (FEIN)				Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Coogan Acct Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Agent Authorization Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Loan-out address (number and street)				Terms of employment	Studio		Distant
City		State	Zip code	Rate per hour			
Email address			Loan-out phone number	Rate per week			
State of incorporation		Date incorporated	State entity number	Hours per day			
Other states corporation is registered to do business		California EDD employer account no. (if applicable)*		Hours per week			
If LLC, have you elected to be classified as a corporation with the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No				6th and 7th days	Pay 6th day at \$	Pay 7th day at \$	Pay 6th day at \$
If yes, attach IRS acceptance letter. Cast & Crew will not process payroll for LLCs that don't have corporation status.							Pay 7th day at \$
ACA hiring status <input type="checkbox"/> Full time <input type="checkbox"/> Variable				Box rental			
* If you or your loan-out work in California, then you must have a California EDD employer account number . Please consult your legal and tax advisors.				Car allowance			
				Cell allowance			

By submitting this form, you confirm that you own more than 10% of the outstanding stock (or equivalent) of the loan-out entity. Otherwise, you must notify the Production to be paid as an individual.

As an authorized officer of the above-stated loan-out, I certify that, to the best of my knowledge and belief, the above-stated information concerning the loan-out is true, correct, and complete. By signing this form, I authorize the employer, or its service or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur.

Signature Title of authorized officer Date

Producing company authorization signature Date