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 (212) 925-1415
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CREW TIME CARD

Employer: CAPS, LLC, FEIN: 27-4217142

| | | | | | | | | | | | |
|----------------|--|--|-----------------|---|--|-----------|--|---------------|-------|------------|--|
| PRODUCTION CO. | | | JOB NAME/NUMBER | | | UNION | | CONTRACT TYPE | | OCCUPATION | |
| EMPLOYEE NAME | | | | M <input type="checkbox"/> SOCIAL SECURITY NUMBER | | TELEPHONE | | | EMAIL | | |
| | | | | F <input type="checkbox"/> - - | | | | | | | |

| | | | | | | | | | | | |
|----------|--|--|--|---------------------|--|--|--|--|--|--|--|
| LOAN OUT | | | | FEDERAL I.D. NUMBER | | | | RATE | | | |
| | | | | | | | | \$ PER _____ <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> OTHER _____ | | | |

| DATE | LOCATION ZIP CODE | AICP | RATE | START | 1st MEAL | | END | RATES | | | | MP | COMMENTS | |
|------|----------------------|------|------|-------|----------|--|-----|-------|------|--|--|----|----------|--|
| | | | | | 2nd MEAL | | | ST | 1.5X | | | | | |
| SUN | | | | | | | | | | | | | | |
| MON | | | | | | | | | | | | | | |
| TUE | | | | | | | | | | | | | | |
| WED | | | | | | | | | | | | | | |
| THU | | | | | | | | | | | | | | |
| FRI | | | | | | | | | | | | | | |
| SAT | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--------|---------------|--------|----------------------|------------------|--------|---------|--|--|--|--|--|-------|--|--------------------------------|
| YEAR | | TOTALS | | | | | | | | | | GROSS | | |
| AICP # | BOX RENTAL | AICP # | MILEAGE NON-TAXABLE | MILEAGE TAXABLE | AICP # | ADVANCE | | | | | | | | |
| | \$ | | \$ | \$ | | \$ | | | | | | | | |
| AICP # | CAR ALLOWANCE | AICP # | PER DIEM NON-TAXABLE | PER DIEM TAXABLE | AICP # | OTHER | | | | | | | | GROSS W/BOX RENTAL AND MILEAGE |
| | \$ | | \$ | \$ | | \$ | | | | | | | | \$ |

EMPLOYEE SIGNATURE _____ APPROVED _____

Attention all CA employees: Effective 2/14/2014, CAPS, A Cast & Crew Company 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 email MPN@capspayroll.com.