

B-T-L Payrolls, LLC

2300 Empire Avenue, 5th Floor
Burbank, California 91504-3350
818.848.6022

7 Penn Plaza, Suite 601
New York, NY 10001-3912
212.594.5686

START/CLOSE FORM

PRODUCING COMPANY			PROJECT TITLE		
SOCIAL SECURITY NUMBER		EMPLOYEE NAME		BIRTHDATE	
PERMANENT ADDRESS (INCLUDE NUMBER AND STREET, CITY, STATE, AND ZIP CODE)					
MAILING ADDRESS (IF DIFFERENT - INCLUDE NUMBER AND STREET, CITY, STATE, AND ZIP CODE)					
PHONE NO.		E-MAIL ADDRESS		ACA HIRING STATUS ☐ FULL TIME ☐ VARIABLE	
SEX ☐ M ☐ F	ETH. CODE / OPTIONAL (Check one)	☐ AA African American ☐ AI American Indian ☐ AP Native Hawaiian or Other Pacific Islander ☐ OA Asian ☐ H Hispanic/Latino ☐ TW Two or More Races ☐ WH White/Caucasian ☐ NG I do not wish to disclose ☐ OT Other			
JOB DESCRIPTION		HIRE STATE	WORK STATE	START DATE	WAGE ACCOUNT NO.

TERMS OF EMPLOYMENT	STUDIO		DISTANT	
RATE PER HOUR				
RATE PER WEEK				
HOURS PER DAY				
HOURS PER WEEK				
6TH & 7TH DAYS	PAY 6TH DAY AT \$	PAY 7TH DAY AT \$	PAY 6TH DAY AT \$	PAY 7TH DAY AT \$
BOX RENTAL				
CAR ALLOWANCE				
CELL ALLOWANCE				
DESIGNATED PAYDAY				

ADDITIONAL CLIENT USE:

FOR PAYROLL COMPANY USE ONLY

Attention all CA employees: Effective 1/1/18, Cast & Crew has established a Medical Provider Network (MPN) for all work-related injuries/illnesses. In the event of an injury, your care will be directed to a physician within the MPN. You have the right to pre-designate a doctor. For further information, please visit <https://www.castandcrew.com/forms-resources> and click on Workers' Comp or email MPN@castandcrew.com

NOTE: Overtime calculations at 1.5x on all hours worked in excess of 8 per day or 40 per week, as required by law or by contract.

"By signing this form, I agree that the employer may take deductions from my earnings to adjust previous overpayments if and when said overpayments may occur."

“AGREED”-EMPLOYEE SIGNATURE	AUTHORIZED SIGNATURE

FORM W4 EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE			
1 Your first name and middle initial		Last name	
2 Your social security number			
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married filing separately, check “Married, but withhold at a higher Single rate.”	
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. - -> ☐	
5 Total number of allowances you’re claiming - - - - -		5	
6 Additional amount, if any, you want withheld from each paycheck - - - - -		6 \$	
7 I claim exemption from withholding and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability; and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability If you meet both conditions, write “Exempt” here - - - - -		7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct and, complete.

Employee’s signature (Form is not valid unless you sign it) ►		Date ►	
8 Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to the IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN) 95-4149909
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