



Talent Services,  
LLC

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# LOAN-OUT CORPORATION START/CLOSE FORM

NAME OF LOANED-OUT EMPLOYEE				PROJECT TITLE			
NAME OF CORPORATION				SOCIAL SECURITY NUMBER		BIRTHDATE	
FEDERAL EMPLOYER ID NUMBER (FEIN)				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 _____	
CORP ADDRESS (NUMBER AND STREET)				HIRE STATE	WORK STATE	START DATE	WAGE ACCOUNT NO.
CITY				MINOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, COOGAN ACCT PROVIDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
STATE				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>		ZIP CODE	
E-MAIL ADDRESS				TERMS OF EMPLOYMENT	STUDIO		DISTANT
STATE OF INCORPORATION				RATE PER HOUR			
DATE INCORPORATED				RATE PER WEEK			
STATE ENTITY NUMBER				HOURS PER DAY			
OTHER STATES CORPORATION IS REGISTERED TO DO BUSINESS				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 If yes, attach IRS approval notice. Cast & Crew will not process payroll for LLCs that don't have corporation status.				6TH AND 7TH DAYS		PAY 6TH DAY AT \$	PAY 7TH DAY AT \$
ACA HIRING STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> VARIABLE				BOX RENTAL		PAY 6TH DAY AT \$	PAY 7TH DAY AT \$
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 <a href="https://www.castandcrew.com/forms-resources">https://www.castandcrew.com/forms-resources</a> and click on Workers' Comp or email MPN@castandcrew.com.				CAR ALLOWANCE			
				CELL ALLOWANCE			

"As an authorized officer of the above-stated loan-out corporation, I certify that, to the best of my knowledge and belief, the above-stated information concerning the loan-out corporation is true, correct, and complete. 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."

SIGNATURE

TITLE OF AUTHORIZED OFFICER

DATE

PRODUCING COMPANY

AUTHORIZATION SIGNATURE

DATE