

B-T-L Payrolls, LLC

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818.848.6022

BTL-SI  
VER. 07/24

Start/Close Form

Producing company		Project title	
Social security number	Employee legal name	Date of birth	

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 number	E-mail address	ACA hiring status <input type="checkbox"/> Full time <input type="checkbox"/> Variable
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Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F	Non-Binary <input type="checkbox"/> Identify as Non-Binary where recognized	Ethnicity (optional) <input type="checkbox"/> H - Hispanic or Latino <input type="checkbox"/> AP - Native Hawaiian or Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> TW - Two or More Races (Not Hispanic or Latino)	<input type="checkbox"/> WH - White (Not Hispanic or Latino) <input type="checkbox"/> NG - I do not wish to disclose	<input type="checkbox"/> AA - Black or African American (Not Hispanic or Latino) <input type="checkbox"/> OT - Other	<input type="checkbox"/> AS - Asian (Not Hispanic or Latino) <input type="checkbox"/> AN - Native American or Alaska Native (Not Hispanic or Latino)
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Job description	Hire state	Work state	Start date
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Terms of employment	Studio		Distant		Account Number
Rate per hour					
Rate per week					
Hours per day					
Hours per week					
6th and 7th days	Pay 6th day at \$	Pay 7th day at \$	Pay 6th day at \$	Pay 7th day at \$	
Equipment rental					
Car allowance					
Cell allowance					
Additional allowances					

Note: Overtime will be calculated pursuant to applicable law or contract.

Additional client use

For payroll company use only

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.

"Agree" - Employee signature and date	Authorized signature(s) and date(s)