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5th Floor Burbank,
CA 91504
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LOAN-OUT START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

HIRE STATE		WORK STATE		ACCOUNT		DATE OF BIRTH									
PRODUCTION COMPANY				PROJECT											
LOAN-OUT NAME				FEDERAL ID #		START DATE									
EMPLOYEE FSO NAME		MINOR? <input type="checkbox"/>		EMPLOYEE SS #											
MAILING ADDRESS				UNION		OCCUPATION DESCRIPTION		OCC CODE							
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>			SCHEDULE								
STATE	ZIP	PHONE		EMAIL											
STATE INCORPORATED	DATE INCORPORATED	STATE ID NUMBER		<input type="checkbox"/> US CORPORATION <input type="checkbox"/> LLC OWNED BY CORPORATION <input type="checkbox"/> NON-US COMPANY: COUNTRY _____											
PLEASE COMPLETE PER LOAN-OUT'S SCHEDULE:															
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>		STUDIO RATE		GUAR HOURS		DISTANT RATE		GUAR HOURS		ACCOUNT					
HOURLY RATE															
WEEKLY RATE															
6TH DAY															
7TH DAY															
IDLE 6TH															
IDLE 7TH															
(INCLUDE FORM) KIT RENTAL															
CAR ALLOWANCE															
MEAL ALLOWANCE															
MEAL PENALTY															
SIGNATURE OF AUTHORIZED OFFICER				DATE				PRODUCTION APPROVAL				DATE			

Attention all CA employees: Effective 2/14/2014, CAPS 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 visit <https://www.caps payroll.com/MPNNotice.pdf>, email MPN@caps payroll.com, or call 877-243-9910.