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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.capspayroll.com/MPNNotice.pdf>, email MPN@capspayroll.com, or call 877-243-9910.