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### LOAN-OUT START FORM

Employer: New C.A.P.S., 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				EMPLOYEE SS #							
MINOR? <input type="checkbox"/>											
MAILING ADDRESS				UNION		OCCUPATION DESCRIPTION					
						OCC CODE					
CITY				AGENT AUTHORIZATION ATTACHED?		SCHEDULE					
YES <input type="checkbox"/>				NO <input type="checkbox"/>							
STATE		ZIP		PHONE		EMAIL					
STATE INCORPORATED		DATE INCORPORATED		STATE ID NUMBER		<input type="checkbox"/> US CORPORATION <input type="checkbox"/> MULTI MEMBER LLC <input type="checkbox"/> NON-US COMPANY: COUNTRY _____					
PLEASE COMPLETE PER LOAN-OUT'S SCHEDULE:				If LLC, have you elected to be classified as a corporation or partnership with the IRS? If yes, attach IRS acceptance letter. We will not process payroll for LLCs that don't have corporation or partnership status.							
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					

By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur.  
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