

CAPS Live Venue Information Form



COMPANY DETAILS

COMPANY:

DATE:

ADDRESS, CITY, STATE & ZIP:

TELEPHONE:

EIN/FED ID:

STATE IN WHICH
INCORPORATED/ REGISTERED:

FAX:

PAYROLL BUDGET:

PAYROLL START DATE:

ENTITY TYPE:

CORPORATION

PARTNERSHIP

LLC

OTHER (Please describe):

COMPANY DESCRIPTION:

CONTACT NAME & TITLE:

PHONE:

EMAIL:

CELL:

INVOICE CONTACT INFO:

SAME AS CONTACT INFO ABOVE

PHONE:

CELL:

EMAIL:

PAYROLL TYPES

UNION

NON-UNION

CREW:
How many?

CLERICAL:
How many?

PAY FREQUENCY:

WEEKLY

BIWEEKLY

SEMIMONTHLY

MONTHLY

PAYROLL SUBMISSION

SPREADSHEET

TIMECARDS

OTHER (describe)

PLEASE FORWARD COPIES OF ALL UNION AGREEMENTS AS SOON AS POSSIBLE.

DELIVERY and PAYMENT

CHECKS DELIVERY METHOD:

MAIL TO EMPLOYEE

DELIVER TO COMPANY BY:

COURIER

FEDEX

CALL FOR PICKUP

PAYMENT METHOD:

WIRE TRANSFER

ACH DEBIT

COMPANY CHECK

IT REQUIREMENTS

DO YOU USE GL CODES?

YES NO

If YES, please enter the format here: _____ E.g. XXXX-XX

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SPECIAL REPORTS OR BREAKDOWNS:	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:
INVOICES METHOD:	<input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> BROKEN BY JOB/EVENT
SPECIAL HANDLING:	

Completed by (please print):

Title:

Signature:

Date:

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