Project Information Request (PIR)

Please return the completed form to our Client Services department at psclientservices@extremereach.com.

Extreme Reach

PRODUCTION COMPANY INFORMATION

Production Company Name:

Address:	City, State, Zip

Company Phone: (To appear on employee paystubs and/or on legally required labor notices sent to employees)	Company Email: (For employees to return legally required labor notices to)

EIN/Fed ID #:	Type of Entity (Corp, LLC, etc):

State where registered/incorporated:	Parent Company Name:

Company Contact Information

Contact Name:	Title:

Phone:	Email:

Additional Contact(s):

PROJECT INFORMATION

Project Name:

Synopsis:

Project Type: ☐ Feature ☐ TV/Scripted ☐ TV Unscripted ☐ Commercial ☐ Live Event ☐ New Media ☐ Print

Select who will be paid, and please list approximate needed number of time cards:

☐ Talent : _____ ☐ Crew: _____ ☐ Editorial: _____ ☐ Extras: _____ ☐ Staff: _____ ☐ Minors (No need to include Time Card #)

Shoot Start Date:	Number of weeks shooting:

Overall Budget:	Payroll Budget:

Shoot Locations:

Shooting outside the US? ☐ Yes (Please list above) ☐ No	Is this a Tax Incentive Shoot? ☐ Yes ☐ No

Project Includes: (If any boxes are selected, please complete the stunt/high risk questionnaire included with this form)

☐ Use of watercraft/filming over/under water   ☐ Work with Animals   ☐ Stunts, falls, fight scenes, athletic activities, dancing

☐ Use of aircraft/helicopters/balloons/drones   ☐ Use of pyrotechnics or firearms   ☐ Work on or around trains or railroads

Non Union Payroll: ☐ Yes ☐ No   Union Payroll: ☐ Yes ☐ No

Bonded? ☐ Yes ☐ No   Deposit Amount: Deposit Breakdown:

Union/Guilds Associated with this project: ☐ SAG/AFTRA ☐ DGA ☐ WGA ☐ AFM ☐ Teamsters ☐ IATSE

Signatory Company Name: Deposit amount:

Name of SAG/AFTRA Rep: Email and/or Phone:

ADDITIONAL INFORMATION

Payroll Information	Pay Period: ☐ Weekly ☐ Bi-Weekly *Semi-monthly and monthly options are not available Calendar Work / Pay Week: ☐ Sunday through Saturday ☐ Other (describe) Pay Day is: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Paid Sick Leave	CA Paid Sick Leave Act Compliance - Select the option below that represents your company's policy. ☐ Accrue paid sick leave pursuant to the minimum requirements of the law ☐ Accrue paid sick leave pursuant to employer's policy which complies with the law ☐ Employer provides no less than 3 days of sick leave at beginning of each year
Payroll Supplies	How would you like your payroll supplies delivered? ☐ Charge to Production Company's FedEx/UPS account - FedEx #_____ UPS #_____ ☐ Bill Production Company for shipping UPS ☐ Pick up from Extreme Reach office (if applicable)
Method of Payment	How would you like to pay your invoices? ☐ Wire Transfer ☐ Cashiers Check
Payroll Distribution	How would you like your payroll checks delivered? ☐ Bill Production Company for shipping USPS at current postage rate ☐ Pick up from local Extreme Reach office (if applicable) ☐ Charge to Production company's FedEx/UPS account - FedEx #_____ UPS #_____
P-Cards	Do you need Petty Cash Cards? ☐ Yes ☐ No
ACA Compliance	Would your company like to offer health insurance to your full time, non-union employees? ☐ Yes ☐ No Effective January 1, 2015 the Affordable Care Act's Employer Shared Responsibility provision requires Applicable Large Employers to offer affordable health insurance coverage that meets minimum essential coverage standards or pay a penalty for non compliance.
Certificate of General Liability Insurance	A Certificate of Liability Insurance naming Extreme Reach Crew Services as additionally insured must be provided before any payroll processing. The guidelines for this certificate will be provided for your reference.

Software Solutions

Linx Paperless Solutions allows you to do employee start paperwork and time cards electronically. Are you interested in learning about/using our Linx Paperless Payroll Solution? ☐ Yes ☐ No

Will you be using our accounting software, Luca? ☐ Yes ☐ No
   If No, which software do you use for tracking production costs / expenses? _____
   If Yes, please complete the Luca set up form below and provide a copy of your budget (preferably from Movie Magic) at your earliest convenience.

Will you need a file export/digital copy of your invoices to load to your bookkeeping system? ☐ Yes ☐ No

Completed By:

Contact Name:	Title:
Phone:	Email:

Extreme Reach

Stunt/High Risk Questionnaire

Extreme Reach

In order for us to properly evaluate the risk involved in filming, please provide as much information on the following as possible. If available, please provide a stunt breakdown. Please Note: It is mandatory that this information be provided PRIOR to filming.

Check all that apply to this project:

☐ Use of watercraft/filming over/under water
☐ Use of aircraft/helicopters/balloons/drones

☐ Work with Animals
☐ Use of pyrotechnics or firearms

☐ Stunts, falls, fight scenes, athletic activities, dancing
☐ Work on or around trains or railroads

Describe the scenes being filmed in as much detail as possible: (Ex. Choreographed fight scene between two performers using a fake knife and a prop gun.)

Provide the exact location (street address if possible) where the stunt/high risk element will take place:

Provide the date(s) of the stunts/high risk element shoot:

What protective measures will be used to protect the participants and public?

Will Extreme Reach Payroll Solutions be the employer of record for the persons performing the stunt(s)? ☐ Yes ☐ No

How many performers are involved in the stunt/high risk scene(s)? Please provide the resumes of each and any dates/details of previous accidents.

Will there be a choreographer or stunt coordinator involved? (Please provide the resumes of each) ☐ Yes ☐ No

Completed By:

Contact Name:	Title:
Phone:	Email:

Luca Production Accounting Set Up

Questions? Contact our Product Support team at 818-568-1840 or PSSupport@extremereach.com

PRODUCTION COMPANY INFORMATION

Production Company:	Project:

Accounting Method: (Choose one) ☐ I close Periods ☐ I close by Effective Dates

Default negative amount format: (Choose one) ☐ I use minus signs "-" ☐ I use brackets/parentheses "()"
This is for display on-screen. You may choose either when running reports.

Account Number Format: [Please specify length and format. (Example: XXXX or XXX-XX)]

Chart of Accounts & Budget: We are happy to set up your chart of accounts and load your budget for you! In addition, we will load additional budgets to your system (e.g. adjusted budgets, final budgets) at any time as your production needs require.

We can load your chart of accounts (both balance sheet and cost accounts) from an Excel file that you provide us. But we can most easily establish your cost accounts from a budget file that contains them. We can load your budget figures at the same time. (But we can also do so without loading the budget figures, so you may send us any budget using the same cost accounts that you will use on this project.)

If you have a preferred set of balance sheet accounts (e.g. Cash In Bank, AP Clearing, PR Clearing, etc.), we can load those from an Excel spreadsheet. Otherwise we can load a standard set of balance sheet accounts.

Check all that apply:

☐ Load my Cost Accounts from the attached .mmb file. File Name: _____

☐ Load my Budget and Cost Accounts from the attached .mmb file. File Name: _____

☐ Load my Cost Accounts from the attached .xlsx file. File Name: _____

☐ Load my Balance Sheet Accounts from the attached .xlsx file. File Name: _____

☐ Load a standard set of Balance Sheet accounts.

Fields and Code formats: Please check the ones you want, below. Note that custom field labels and field lengths are available. The standard lengths and labels are indicated in parentheses, below:

☐ Episode (3-characters, "EPI") Length: _____ Custom Label: _____

☐ Location (3-characters, "LOC") Length: _____ Custom Label: _____

☐ Sets (2-characters, "ST") Length: _____ Custom Label: _____

☐ Memo 1 (2-characters, "FF") Length: _____ Custom Label: _____ + Entry Required? ☐ Yes ☐ No

☐ Memo 2 (2-characters, "F2") Length: _____ Custom Label: _____ + Entry Required? ☐ Yes ☐ No

☐ Memo 3/Insurance (2-characters, "IN") Length: _____ Custom Label: _____ + Entry Required? ☐ Yes ☐ No

Cost Worksheet & Cost Reports: Include "Approved Overages" column? ☐ Yes ☐ No

Journal Entry: Auto-number Journal Entries? ☐ Yes (If 'Yes', please specify the starting JE #: _____) ☐ No
Add 'Vendor' field to JE transaction grid? ☐ Yes ☐ No

Ledger: Allow Distribution Changes (changes are tracked)? ☐ Yes ☐ No
Allow "Ledger Updates" (changes are not tracked; e.g. for Memo/Description Changes)? ☐ Yes ☐ No
Allow Reversals? ☐ Yes ☐ No

Vendor Entry: Require Tax ID on vendors? ☐ Yes ☐ No

BANK INFORMATION

Bank #1:

Bank Name: _____

Bank Address 1: _____

Bank Address 2: _____

Bank City: _____

Bank State: _____

Bank Zip/Postal Code: _____

Bank Code (can be alphanumeric): _____

Bank Account #: : _____

Bank Routing #l: _____

ABA # (Bank Fraction #): _____

Check # range "from" (i.e., starting ck #):: _____

Check # range "to": _____

Bank #2:

Bank Name: _____

Bank Address 1: _____

Bank Address 2: _____

Bank City: _____

Bank State: _____

Bank Zip/Postal Code: _____

Bank Code (can be alphanumeric): _____

Bank Account #: : _____

Bank Routing #l: _____

ABA # (Bank Fraction #): _____

Check # range "from" (i.e., starting ck #):: _____

Check # range "to": _____

USER INFORMATION

Please provide the names, email addresses, and job titles of all people needing access to your Luca system.

Name #1: _____

Email Address: _____

Position on Project: _____

Name #2: _____

Email Address: _____

Position on Project: _____

Name #3: _____

Email Address: _____

Position on Project: _____

Name #4: _____

Email Address: _____

Position on Project: _____

Name #5: _____

Email Address: _____

Position on Project: _____

Name #6: _____

Email Address: _____

Position on Project: _____