

Residuals Project Information Request (PIR)

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

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:

Required: We need a complete final cast list.

Please indicate if there are any minors and include their DOB on the final cast list. No residuals are due if actor is edited out. If Extreme Reach Payroll Solutions did not do the payroll for the original project, please provide applicable paperwork (W-4's and I-9's) in order to process DGA, WGA, SAG/AFTRA, AFM and IATSE.

PROJECT INFORMATION	
Project Name:	
Residuals Type: <input type="checkbox"/> Pay TV/Free TV <input type="checkbox"/> Home Video/DVD <input type="checkbox"/> Basic Cable <input type="checkbox"/> Other:	
Project Made for: <input type="checkbox"/> Theatrical <input type="checkbox"/> Basic Cable <input type="checkbox"/> Television <input type="checkbox"/> Internet <input type="checkbox"/> New Media & Streaming	
What are:	
A) The applicable Residual Period end/Applicable Quarterly Dates: _____	
B) The Gross Receipts	
Foreign: Free TV: \$ _____	Domestic: Free TV: \$ _____
Pay TV: \$ _____	Pay TV: \$ _____
Home Video/DVD: \$ _____	Home Video/DVD: \$ _____
Other: \$ _____	Other: \$ _____
OR	
C) The Run Numbers (if Television) and Date(s) or Rerun Airing: _____	
What is the start date and year the project was originally filmed?:	Which state(s) was the project filmed in?:
Who are the residuals for?: <input type="checkbox"/> SAG/AFTRA <input type="checkbox"/> DGA <input type="checkbox"/> WGA <input type="checkbox"/> AFM <input type="checkbox"/> IATSE	