

# Project Information Request (PIR)

Please return the completed form to our Client Services department at [psclientservices@extimereach.com](mailto: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:
Additional Contact(s):	
PROJECT INFORMATION	
Project Name:	
Synopsis:	
Project Type: <input type="checkbox"/> Feature <input type="checkbox"/> TV/Scripted <input type="checkbox"/> TV Unscripted <input type="checkbox"/> Commercial <input type="checkbox"/> Live Event <input type="checkbox"/> New Media <input type="checkbox"/> Print	
Select who will be paid, and please list approximate needed number of time cards: <input type="checkbox"/> Talent : _____ <input type="checkbox"/> Crew: _____ <input type="checkbox"/> Editorial: _____ <input type="checkbox"/> Extras: _____ <input type="checkbox"/> Staff: _____ <input type="checkbox"/> Minors (No need to include Time Card #)	
Shoot Start Date:	Number of weeks shooting:
Overall Budget:	Payroll Budget:
Shoot Locations:	
Shooting outside the US? <input type="checkbox"/> Yes (Please list above) <input type="checkbox"/> No	Is this a Tax Incentive Shoot? <input type="checkbox"/> Yes <input type="checkbox"/> No

Project Includes: (If any boxes are selected, please complete the stunt/high risk questionnaire included with this form)		
<input type="checkbox"/> Use of watercraft/filming over/under water	<input type="checkbox"/> Work with Animals	<input type="checkbox"/> Stunts, falls, fight scenes, athletic activities, dancing
<input type="checkbox"/> Use of aircraft/helicopters/balloons/drones	<input type="checkbox"/> Use of pyrotechnics or firearms	<input type="checkbox"/> Work on or around trains or railroads
Non Union Payroll: <input type="checkbox"/> Yes <input type="checkbox"/> No		Union Payroll: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount:	Deposit Breakdown:
Union/Guilds Associated with this project: <input type="checkbox"/> SAG/AFTRA <input type="checkbox"/> DGA <input type="checkbox"/> WGA <input type="checkbox"/> AFM <input type="checkbox"/> Teamsters <input type="checkbox"/> IATSE		
Signatory Company Name:		Deposit amount:
Name of SAG/AFTRA Rep:		Email and/or Phone:
<b>ADDITIONAL INFORMATION</b>		
Payroll Information	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly *Semi-monthly and monthly options are not available Calendar Work / Pay Week: <input type="checkbox"/> Sunday through Saturday <input type="checkbox"/> Other (describe) Pay Day is: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Paid Sick Leave	CA Paid Sick Leave Act Compliance - Select the option below that represents your company's policy. <input type="checkbox"/> Accrue paid sick leave pursuant to the minimum requirements of the law <input type="checkbox"/> Accrue paid sick leave pursuant to employer's policy which complies with the law <input type="checkbox"/> 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? <input type="checkbox"/> Charge to Production Company's FedEx/UPS account - FedEx # _____ UPS # _____ <input type="checkbox"/> Bill Production Company for shipping UPS <input type="checkbox"/> Pick up from Extreme Reach office (if applicable)	
Method of Payment	How would you like to pay your invoices? <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Cashiers Check	
Payroll Distribution	How would you like your payroll checks delivered? <input type="checkbox"/> Bill Production Company for shipping USPS at current postage rate <input type="checkbox"/> Pick up from local Extreme Reach office (if applicable) <input type="checkbox"/> Charge to Production company's FedEx/UPS account - FedEx # _____ UPS # _____	
P-Cards	Do you need Petty Cash Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACA Compliance	Would your company like to offer health insurance to your full time, non-union employees? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>Software Solutions</b>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be using our accounting software, Luca? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed By:

Contact Name:	Title:
Phone:	Email:

# Stunt/High Risk Questionnaire

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.

<p>Check all that apply to this project:</p>		
<input type="checkbox"/> Use of watercraft/filming over/under water <input type="checkbox"/> Use of aircraft/helicopters/balloons/drones	<input type="checkbox"/> Work with Animals <input type="checkbox"/> Use of pyrotechnics or firearms	<input type="checkbox"/> Stunts, falls, fight scenes, athletic activities, dancing <input type="checkbox"/> Work on or around trains or railroads
<p>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.)</p>		
<p>Provide the exact location (street address if possible) where the stunt/high risk element will take place:</p>		
<p>Provide the date(s) of the stunts/high risk element shoot:</p>		
<p>What protective measures will be used to protect the participants and public?</p>		
<p>Will Extreme Reach Payroll Solutions be the employer of record for the persons performing the stunt(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>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.</p>		
<p>Will there be a choreographer or stunt coordinator involved? (Please provide the resumes of each) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Completed By:

Contact Name:	Title:
Phone:	Email:

# Luca Production Accounting Set Up

Questions? Contact our Product Support team at 818-568-1840 or [PSSupport@extimereach.com](mailto:PSSupport@extimereach.com)

PRODUCTION COMPANY INFORMATION	
<b>Production Company:</b>	<b>Project:</b>
<b>Accounting Method:</b> (Choose one) <input type="checkbox"/> I close Periods <input type="checkbox"/> I close by Effective Dates	
<b>Default negative amount format:</b> (Choose one) <input type="checkbox"/> I use minus signs "-" <input type="checkbox"/> I use brackets/parentheses "()"	
<small>This is for display on-screen. You may choose either when running reports.</small>	
<b>Account Number Format:</b> [Please specify length and format. (Example: XXXX or XXX-XX)]	
<b>Chart of Accounts &amp; Budget:</b> 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.	
<p>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.)</p> <p>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.</p>	
<b>Check all that apply:</b>	
<input type="checkbox"/> Load my Cost Accounts from the attached .mmb file. File Name: _____	
<input type="checkbox"/> Load my Budget and Cost Accounts from the attached .mmb file. File Name: _____	
<input type="checkbox"/> Load my Cost Accounts from the attached .xlsx file. File Name: _____	
<input type="checkbox"/> Load my Balance Sheet Accounts from the attached .xlsx file. File Name: _____	
<input type="checkbox"/> Load a standard set of Balance Sheet accounts.	
<b>Fields and Code formats:</b> 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:	
<input type="checkbox"/> Episode (3-characters, "EPI") Length: _____	Custom Label: _____
<input type="checkbox"/> Location (3-characters, "LOC") Length: _____	Custom Label: _____
<input type="checkbox"/> Sets (2-characters, "ST") Length: _____	Custom Label: _____
<input type="checkbox"/> Memo 1 (2-characters, "FF") Length: _____	Custom Label: _____ + Entry Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Memo 2 (2-characters, "F2") Length: _____	Custom Label: _____ + Entry Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Memo 3/Insurance (2-characters, "IN") Length: _____	Custom Label: _____ + Entry Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cost Worksheet &amp; Cost Reports:</b> Include "Approved Overages" column? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Journal Entry:</b> Auto-number Journal Entries? <input type="checkbox"/> Yes (If 'Yes', please specify the starting JE #: _____) <input type="checkbox"/> No	
Add 'Vendor' field to JE transaction grid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ledger:</b> Allow Distribution Changes (changes are tracked)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allow "Ledger Updates" (changes are not tracked; e.g. for Memo/Description Changes)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allow Reversals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vendor Entry:</b> Require Tax ID on vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**BANK INFORMATION****Bank #1:**

Bank Name: \_\_\_\_\_ Bank Code (can be alphanumeric): \_\_\_\_\_  
Bank Address 1: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
Bank Address 2: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
Bank City: \_\_\_\_\_ ABA # (Bank Fraction #): \_\_\_\_\_  
Bank State: \_\_\_\_\_ Check # range "from" (i.e., starting ck #): \_\_\_\_\_  
Bank Zip/Postal Code: \_\_\_\_\_ Check # range "to": \_\_\_\_\_

**Bank #2:**

Bank Name: \_\_\_\_\_ Bank Code (can be alphanumeric): \_\_\_\_\_  
Bank Address 1: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
Bank Address 2: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
Bank City: \_\_\_\_\_ ABA # (Bank Fraction #): \_\_\_\_\_  
Bank State: \_\_\_\_\_ Check # range "from" (i.e., starting ck #): \_\_\_\_\_  
Bank Zip/Postal Code: \_\_\_\_\_ 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: \_\_\_\_\_ Name #2: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Position on Project: \_\_\_\_\_ Position on Project: \_\_\_\_\_  
  
Name #3: \_\_\_\_\_ Name #4: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Position on Project: \_\_\_\_\_ Position on Project: \_\_\_\_\_  
  
Name #5: \_\_\_\_\_ Name #6: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Position on Project: \_\_\_\_\_ Position on Project: \_\_\_\_\_