



**Application to be a Motion Picture Payroll Services Company (MPPSC)
California Unemployment Insurance Code (CUIC) Section 679**

Return this application to:
 Employment Development Department
 FACD-Central Operations, MIC 94
 P.O. Box 826880
 Sacramento, CA 94280-0001
 Telephone: (916) 651-9695
 Fax: (916) 654-8533

This is an application for an entity to register with the Employment Development Department (EDD) as a Motion Picture Payroll Services Company (MPPSC). This is not an application for an EDD employer account number. If you wish to obtain an EDD employer account number, please submit a *Registration Form for Commercial Employers (DE 1)* for any unregistered MPPSC and/or unregistered affiliated entities to be covered by this application. The DE 1 can be obtained from our Web site at www.edd.ca.gov/taxrep/del.pdf. This application must be filed on behalf of the MPPSC and its affiliated entities.

Complete this application within 15 days after first paying wages to the workers, only if you meet **all** of the following criteria directly or through one of your affiliated entities:

- Contractually provide the services of motion picture production workers (MPPWs) to a motion picture production company or to an allied motion picture services company.
- Are a signatory to a collective bargaining agreement for one or more of your clients.
- Control the payment of wages to the MPPWs and pay those wages from your own account(s).
- Contractually obligated to pay wages to the MPPWs without regard to payment or reimbursement by the motion picture production company or allied motion picture services company.
- At least 80 percent of the wages paid by the MPPSC each calendar year are paid to workers associated with contracts between motion picture production companies and MPPSCs.

You will also be required to:

1. Notify EDD within 15 days of transferring the business or payroll to another MPPSC. This includes transferring an affiliated or a nonaffiliated entity.
2. Within 10 days of quitting business,
 - a. File a final return and report of wages of your workers to EDD, and pay contributions due within 10 days of quitting business as required by CUIC Section 1116, and
 - b. File all statements to EDD as required by CUIC Section 679.
3. Within 30 days of quitting business, notify the motion picture production companies and allied motion picture services companies, to which you have declared to be treated as the employer of the MPPWs, of your intent to no longer conduct business as an MPPSC.

A. IDENTITY OF COMPANY ELECTING MPPSC STATUS ON BEHALF OF ITSELF AND THE LISTED AFFILIATES:

CORPORATION / LLC / LLP/LP NAME:		FEDERAL TAX ID #:		EDD EMPLOYER ACCOUNT #:	
BUSINESS NAME:					
PHYSICAL BUSINESS LOCATION:		CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS:		CITY	STATE	ZIP CODE	PHONE NUMBER

Note: If you have multiple California locations, please attach a separate sheet with the physical business addresses.

B. MPPSC OWNERSHIP:

LIST NAMES OF: OWNER(S), PARTNER(S)*, CORPORATE OFFICERS, OR LLC/LLP Members/Managers/Officers	TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY #	CALIFORNIA DRIVER'S LIC #

* List additional partners and/or LLC/LLP members/officers/managers on a separate sheet. (If this information is already included on your DE 1, it is not necessary for you to provide this information again.)

C. IDENTIFICATION OF AFFILIATED ENTITIES:

CORPORATION / LLC / LLP/LP NAME:		FEDERAL TAX ID #:	EDD EMPLOYER ACCOUNT #:	
BUSINESS NAME:				
PHYSICAL BUSINESS LOCATION:	CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS:	CITY	STATE	ZIP CODE	PHONE NUMBER

Note: If you have multiple California locations, please attach a separate sheet with the physical business addresses.

D. AFFILIATED ENTITIES OWNERSHIP:

LIST NAMES OF: OWNER(S), PARTNER(S)*, CORPORATE OFFICERS, OR LLC/LLP Members/Managers/Officers	TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY #	CALIFORNIA DRIVER'S LIC #

* List additional partners and/or LLC/LLP members/officers/managers on a separate sheet. (If this information is already included on your DE 1, it is not necessary for you to provide this information again.)

The undersigned declares they meet all of the criteria and listed on the first page of this application and hereby shall be determined to be an MPPSC and will be considered the employer of the MPPWs, under CUIC Section 679, with respect to all employment as set forth in this declaration.

I declare that this application has been examined by me and, to the best of my knowledge and belief, is true and correct and made in good faith under the provisions of the CUIC.

This declaration must be signed by one or more persons shown under Item B (MPPSC Ownership).

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____