

**Application to Be a Motion Picture Payroll Services Company (MPPSC)  
(Section 679 of the California Unemployment Insurance Code [CUIC])**

Return this application to:  
 Employment Development Department  
 FACD-Central Operations, MIC 94  
 PO Box 826880  
 Sacramento, CA 94280-0001  
 Phone: 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, submit a *Commercial Employer Account Registration and Update Form* (DE 1) for any unregistered MPPSC and/or unregistered affiliated entities to be covered by this application. The DE 1 can be obtained from the EDD website at [www.edd.ca.gov/pdf\\_pub\\_ctr/de1.pdf](http://www.edd.ca.gov/pdf_pub_ctr/de1.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 (MPPW) 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 between contracts with motion picture production companies and MPPSCs.

You will also be required to:

1. Notify the 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 the EDD, and pay contributions due within 10 days of quitting business as required by Section 1116 of the CUIC, and
  - b. File all statements to the EDD as required by Section 679 of the CUIC.
3. Forty-five days in advance 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 NUMBER		EDD EMPLOYER ACCOUNT NUMBER	
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), PARTNERS,* CORPORATE OFFICERS, OR LLC MEMBER(S), MANAGER(S)/OFFICER(S)	TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY NUMBER	CALIFORNIA DRIVER LICENSE NUMBER

\*List additional partners and/or LLC member(s)/officer(s)/manager(s) 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 NUMBER		EDD EMPLOYER ACCOUNT NUMBER	
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), PARTNERS,* CORPORATE OFFICERS, OR LLC MEMBER(S), MANAGER(S)/OFFICER(S)	TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY NUMBER	CALIFORNIA DRIVERLICENSE NUMBER

\*List additional partners and/or LLC member(s)/officer(s)/manager(s) 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 as 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 Section 679 of the CUIC, 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, 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 \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_