



# FILM TAX CREDIT APPLICATION

## APPENDIX D

Please carefully read the Film Tax Credit Guidelines before completing this application. Please consult your tax advisor to determine the tax implications for the applicant and any partners, members, or shareholders prior to completing this form.

**All applications must be typed. Handwritten applications will not be accepted.**

### SECTION I: APPLICANT INFORMATION

PROJECT TITLE:			DATE RECEIVED: <i>Department Use Only</i>
APPLICANT ENTITY OR INDIVIDUAL/TITLE <i>(if individual)</i>			
PRODUCTION COMPANY NAME <i>(if different from Applicant)</i>			
APPLICANT ADDRESS:			
CITY:	STATE:	ZIP:	COUNTRY:
EMAIL:			
TELEPHONE:	CELL PHONE:	FAX:	
FEDERAL TAXPAYER ID (EIN):	PA CORP ACCT ID (BOX #):	SINGLE APPLICATION #:	

TYPE OF ENTITY:

Corporation     
  Subchapter S Corporation     
  Limited Liability Company  
 Partnership     
  Individual Proprietorship     
  Other \_\_\_\_\_

Note: If the applicant is an LLC, a partnership, or an S Corporation, list the name, address and FEINs or SSNs for all members, partner, or shareholders and their respective percentages.

Name	Address	FEIN or SSN	% of Ownership

WHAT ROLE DID THE PA FILM OR REGIONAL OFFICE'S PLAY IN YOUR PRODUCTION'S DECISION TO PRODUCE THIS PROJECT IN PA?

PROVIDE COPY OF PAPERWORK FROM DEPARTMENT OF STATE AFTER REGISTERING TO DO BUSINESS IN PA AND BEFORE START OF PRINCIPAL PHOTOGRAPHY.

**SECTION II: PRODUCTION INFORMATION**

**PRIMARY PRODUCTION COMPANY/STUDIO REPRESENTATIVE**

NAME:		<input type="checkbox"/> Check here if same as Applicant	TITLE:	
COMPANY NAME:				
COMPANY ADDRESS:				
CITY:		STATE:	ZIP CODE:	COUNTRY:
EMAIL:				
TELEPHONE:		CELL PHONE:		FAX:

**SECTION III: ELIGIBILITY DETERMINATION**

**TYPE OF PRODUCTION**

TYPE OF PRODUCTION:		
<input type="checkbox"/> Feature Film	<input type="checkbox"/> TV Movie	<input type="checkbox"/> TV Pilot or Episodic TV Show
<input type="checkbox"/> Documentary	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (describe) _____
PROVIDE A LOG LINE FOR PROJECT:		
ATTACH A COPY OF THE SCRIPT.		

**PRODUCTION SCHEDULE**

START DATE OF PRINCIPAL PHOTOGRAPHY IN PA (MM/DD/YY):	ANTICIPATED COMPLETION DAY IN PA:
START DATE OF PRE-PRODUCTION (MM/DD/YY):	
ANTICIPATED DATE OF PROJECT COMPLETION IN ALL LOCATIONS (INCLUDING POST-PRODUCTION) (MM/DD/YY):	PROJECTED OR ACTUAL RELEASE DATE (MM/DD/YY):
TOTAL DAYS OF (PRE/PRINCIPAL/POST) PRODUCTIONS IN ALL LOCATIONS (IN PA AND ELSEWHERE):	
NUMBER OF PRE-PRODUCTION DAYS IN PA:	NUMBER OF PRINCIPAL PHOTOGRAPHY PRODUCTION DAYS IN PA:
NUMBER OF POST PRODUCTION DAYS IN PA:	TOTAL DAYS OF PRODUCTION IN PA:
NUMBER OF PRODUCTION DAYS AND NAME OF QUALIFIED PRODUCTION FACILITY IN PA:	ANTICIPATED NUMBER OF HOTEL ROOM NIGHTS IN PA:

**PRINCIPAL PHOTOGRAPHY / SHOOT DAYS**

HAS THE PROJECT BEEN GREENLIT/APPLICANT RECEIVED ALL NECESSARY INTERNAL APPROVALS TO BEGIN PRINCIPAL PHOTOGRAPHY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL SHOOT DAYS IN PHILADELPHIA REGION: <i>(Bucks, Chester, Delaware, Montgomery &amp; Philadelphia Counties)</i>		
TOTAL SHOOT DAYS IN PITTSBURGH REGION: <i>(Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Mercer, Lawrence, Washington &amp; Westmoreland Counties)</i>		
IF SHOOTING OUTSIDE OF THE PITTSBURGH OR PHILADELPHIA REGION, INDICATE THE PA COUNTIES WHERE FILMING WILL OCCUR:		
IF SHOOTING OUTSIDE THE STATE, INDICATE STATE AND/OR COUNTRY WHERE FILMING WILL OCCUR:		
TOTAL SHOOT DAYS IN PA:	TOTAL SHOOT DAYS NON-PA:	TOTAL SHOOT DAYS ALL LOCATIONS:

**SECTION IV: FINANCING INFORMATION**

IS THE PROJECT FULLY FUNDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, % of financing in place? _____ (Attach additional company names using format below)	METHOD OF FINANCING:
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FINANCING ENTITY(IES): DOCUMENTATION VERIFYING THAT FINANCING HAS BEEN SECURED MUST BE ATTACHED.

COMPANY NAME:			
CONTACT NAME:		TITLE:	
COMPANY ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:			TELEPHONE:

**SECTION V: PRODUCTION EMPLOYMENT**

ESTIMATED TOTAL # OF EMPLOYEES (INCLUDE CAST, CREW & ALL LOCATIONS):	ESTIMATED TOTAL EXTRAS/STAND-INS ALL LOCATIONS:
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ESTIMATE TOTAL NUMBER OF PA EMPLOYEES (CAST & CREW):	PA FULL TIME	PA PART-TIME	PA EXTRAS/STAND-INS
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**SECTION VI: PRODUCTION EXPENSES AND CREDIT CALCULATION**

Total Production Budget .....	\$	
Qualified PA Expenses .....	\$	
Qualified PA Expenses as % of Total Production Budget .....		%
Film Tax Credit Requested .....	\$	

Attach the Budget Top Sheet for the project. (Appendix E)

**SECTION VII: SIGNATURE, VERIFICATION & SUBMISSION**

*Under penalties of perjury, I declare that I have examined this application, including all the attachments, and to the best of my knowledge and belief it is true, correct and complete. THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.*

SIGNATURE OF OFFICER OF COMPANY:	TITLE:	DATE:
PRINT OFFICER'S NAME:	TELEPHONE #: ( )	EMAIL:
NAME AND TITLE OF PREPARER:	TELEPHONE #: ( )	EMAIL:
PREPARER'S ADDRESS		
CITY	STATE	ZIP

The completed Film Tax Credit Application including all required documentation along with the completion of an online Single Application should be sent by mail to:

Janice Collier  
 Film Tax Credit Program Manager, Tax Credit Division  
 Department of Community & Economic Development  
 Commonwealth Keystone Building  
 400 North Street, 4th Floor  
 Harrisburg, PA 17120-0225

If you have questions, please contact Janice Collier at 717-720-1312 or email jacollier@pa.gov.