



FILM PRODUCTION TAX CREDIT FINAL PRODUCTION & ECONOMIC IMPACT REPORT

APPENDIX H

INSTRUCTIONS: Please complete and submit this form to the Department of Community & Economic Development (DCED) simultaneously with your audit after project completion. Tax credit certificates will not be issued until this form is submitted and approved. Completed forms should be sent by mail or email to:

Janice Collier, Entertainment Production Tax Credit Manager
Department of Community and Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Email: jacollier@pa.gov

APPLICANT INFORMATION

PROJECT TITLE:	Department Use Only DATE RECEIVED:
APPLICANT:	
PERMANENT ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA	
ATTACH EVIDENCE THAT THE COMPANY WAS INCORPORATED OR REGISTERED TO DO BUSINESS IN PENNSYLVANIA ON THE DATE OF COMMENCEMENT OF PRINCIPAL PHOTOGRAPHY IN PA.	

PROJECT INFORMATION

PRODUCTION TYPE

Feature Film
 TV Movie
 TV Pilot
 Episodic TV Show
 Documentary
 Commercial
 Other _____

PRODUCTION SCHEDULE

	PENNSYLVANIA ONLY			ALL OTHER LOCATIONS			TOTAL Number of Days for PA and Other Locations
	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Number of Days	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Number of Days	
Pre-Production							
Total Production							
Principal Photography at the Qualified Production Facility							
Total Post Production							
Postproduction at the Qualified Post Production Facility							
TOTALS							

NAME OF QUALIFIED PRODUCTION FACILITY:	NAME OF QUALIFIED POSTPRODUCTION FACILITY:
NUMBER OF SCOUTING DAYS IN PA:	ANTICIPATED DATE OF PROJECT COMPLETION IN ALL LOCATIONS: (Including Postproduction) (MM/DD/YYYY)
	PROJECTED OR ACTUAL RELEASE DATE: (MM/DD/YYYY)

PRODUCTION LOCATION

PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA):
LIST PRE-PRODUCTION LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE):
LIST PRINCIPAL PHOTOGRAPHY LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE):

POST-PRODUCTION OFFICE ADDRESS - PA AND NON-PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA):

LIST QUALIFIED PRODUCTION FACILITY IN PA (IF APPLICABLE):

LIST QUALIFIED POST-PRODUCTION FACILITY IN PA (IF APPLICABLE):

MAJOR LANDMARKS, INSTITUTIONS AND SITES IN PA USED IN PRODUCTION:

ROOM NIGHTS

TOTAL NUMBER OF ROOM NIGHTS IN PA:

ATTACH A LIST OF VENDORS IN PA THAT SUPPLIED LODGING (HOTELS OR OTHER ACCOMODATIONS) FOR THE PROJECT (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE).

FINANCIAL INFORMATION

Category	Number	Total Qualified PA Spent (A)
HOTEL ROOM NIGHTS		
LOCAL CREW		
ACTORS / EXTRAS	/	
PER DIEM PAID TO NON-LOCALS		
LOCATIONS FEES		
STAGE EXPENSES		
OFFICE RENTAL AND SUPPLIES		
SECURITY EXPENSES		
COMMUNICATION EXPENSES <small>(phone, cells, pagers)</small>		
EQUIPMENT RENTALS		
VEHICLE RENTALS AND EXPENSES		
CATERING EXPENSES		
TOTAL FROM COLUMN A		

Category	Total Qualified PA Spent (B)
ART DEPT. / WARDROBE EXPENSES	
CONSTRUCTION COSTS <small>(outside local material & labor)</small>	
PA STATE SALES TAX (6%)	
PHILADELPHIA COUNTY SALES TAX (2%)	
ALLEGHENY COUNTY SALES TAX (1%)	
MUNICIPAL WAGE TAX	
HOTEL TAX	
DISPOSAL COSTS	
POST-PRODUCTION EXPENSES	
ALL OTHER (ATTACH LIST)	
TOTAL FROM COLUMN B	
TOTAL PA EXPENSES (COLUMN A+B)	

	Budget v. Actual Variance			
	Budget	Actual	\$	%
Total Expenses				
PA Qualified Expenses				

EMPLOYMENT

PAID WORKERS		TOTAL	PA Residents	Non-PA Residents	PA Extras
Number					
Salary & Wages Paid					
Number of Hours Worked					

Attach a list of Cast and Crew Utilizing Form in Appendix J.

Note: The above information needs to agree what was reported in Examination Engagement Report and on Final Budget (Appendix E).

PRODUCTION INFORMATION

EXECUTIVE PRODUCER

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

DIRECTOR (Project Leader)

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

PRODUCER (Program Manager)

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

WRITER (Creative Director/Lead Designer)

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

PRODUCTION ACCOUNTANT (Sr. Financial Analyst)

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

LEAD ACTOR

NAME:

LEAD ACTRESS

NAME:

DISTRIBUTOR (Domestic or International; if known)

COMPANY NAME:

CONTACT NAME:

TITLE:

COMPANY ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

EMAIL:

TELEPHONE:

CELL PHONE:

COMPLETION BOND COMPANY (if utilized)

COMPANY NAME:

CONTACT NAME:

TITLE:

COMPANY ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

EMAIL:

TELEPHONE:

CELL PHONE:

PRODUCTION INSURANCE COMPANY

COMPANY NAME:

CONTACT NAME:

TITLE:

COMPANY ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

EMAIL:

TELEPHONE:

CELL PHONE:

PRODUCTION PAYROLL SERVICE

COMPANY NAME:

PAYMASTER:

COMPANY ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

EMAIL:

TELEPHONE:

CELL PHONE:

PUBLICIST			
NAME:		TITLE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	CELL PHONE:	

AUDITOR (CPA Firm)			
CPA FIRM:			
CONTACT NAME:		LICENSE OR PRACTICE PRIVILEGE PERMIT #:	
COMPANY ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	FAX:	
PAID TAX IDENTIFICATION # (PTIN) <i>(Issued by Federal Government)</i>			

LOCATION MANAGER			
COMPANY:			
LOCATION MANAGER NAME:		LICENSE OR PRACTICE PRIVILEGE PERMIT #:	
COMPANY ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	FAX:	
PAID TAX IDENTIFICATION # (PTIN) <i>(Issued by Federal Government)</i>			

COMMUNITY CONTRIBUTIONS
<p>Identify cash contributions and in-kind donations to residents or organizations in PA that resulted by the production. <i>For example: refurbished a local community garden; donated desks to a school; etc.</i></p>

Provide proof of end credits which include logo.

NOTES AND COMMENTS *(optional; attach separate sheets)*

SIGNATURE, VERIFICATION AND 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 # ()	E-mail Address
Name and Title of Preparer	Email Address	Telephone # ()
Preparer's Address	City	State ZIP