



# FILM PRODUCTION TAX CREDIT APPLICATION

## APPENDIX D

Please carefully read the Film Production 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:

|                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Subchapter S Corporation  | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual Proprietorship | <input type="checkbox"/> Other _____               |

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

Note: If the applicant is an LLC, a partnership, or an S Corporation, list the name, address and FEINs or SSNs for all members, partners, 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? |
|--|

**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:

Feature Film     
  TV Movie     
  TV Pilot     
  Episodic TV Show  
 Documentary     
  Commercial     
  Other (describe) \_\_\_\_\_

PROVIDE A LOG LINE FOR PROJECT:

ATTACH A COPY OF THE SCRIPT.

**PRODUCTION SCHEDULE**

|  | PENNSYLVANIA ONLY  |                          |  | ALL OTHER LOCATIONS        |                          |                   |
|--|--|--------------------------|--|----------------------------|--------------------------|-------------------|
|  | Start Date<br>(mm/dd/yyyy)   | End Date<br>(mm/dd/yyyy) | Number<br>of Days                              | Start Date<br>(mm/dd/yyyy) | End Date<br>(mm/dd/yyyy) | Number<br>of Days |
| <b>Pre-Production</b>                                      |  |                          |  |                            |                          |                   |
| <b>Total Production</b>                                    |  |                          |  |                            |                          |                   |
| Principal Photography at the Qualified Production Facility |  |                          |  |                            |                          |                   |
| <b>Total Post Production</b>                               |  |                          |  |                            |                          |                   |
| Postproduction at the Qualified Post Production Facility   |  |                          |  |                            |                          |                   |
| <b>TOTALS</b>  |  |                          |  |                            |                          |                   |
| NAME OF QUALIFIED PRODUCTION FACILITY:                     | NAME OF QUALIFIED POSTPRODUCTION FACILITY:   |                          | ANTICIPATED NUMBER OF HOTEL ROOM NIGHTS IN PA: |                            |                          |                   |
| 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) |                            |                          |                   |

**PRINCIPAL PHOTOGRAPHY / SHOOT DAYS**

HAS THE PROJECT BEEN GREENLIT/APPLICANT RECEIVED ALL NECESSARY INTERNAL APPROVALS TO BEGIN PRINCIPAL PHOTOGRAPHY?  
 Yes     No

TOTAL SHOOT DAYS IN PHILADELPHIA REGION: (Bucks, Chester, Delaware, Montgomery & Philadelphia Counties)

TOTAL SHOOT DAYS IN PITTSBURGH REGION: (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Mercer, Lawrence, Washington & Westmoreland Counties)

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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If no, % of financing in place? _____<br>(Attach additional company names using format below) |        | METHOD OF FINANCING: |          |
| 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 CAST & CREW FOR ALL LOCATIONS:   | ESTIMATED TOTAL EXTRAS FOR ALL LOCATIONS: |
| ESTIMATED TOTAL NUMBER OF PA EMPLOYEES (CAST & CREW): |   |
| _____ PA FULL TIME                                    | _____ PA PART-TIME                        |
| _____ PA EXTRAS                                       |   |

| 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 .....                                  | \$ _____ |
| <b>Attach the Budget Top Sheet for the project. (Appendix E)</b> |          |

| SECTION VII: SIGNATURE, VERIFICATION & SUBMISSION  |                        |        |
|--|------------------------|--------|
| <i>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.</i> |                        |        |
| SIGNATURE OF OFFICER OF COMPANY:   | TITLE:                 | DATE:  |
| PRINT OFFICER'S NAME:  | TELEPHONE #:<br>(    ) | EMAIL: |
| NAME AND TITLE OF PREPARER:  | TELEPHONE #:<br>(    ) | EMAIL: |
| PREPARER'S ADDRESS   |                        |        |
| CITY   | STATE                  | ZIP    |

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

Janice Collier  
 Entertainment Production Tax Credit Manager  
 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](mailto:jacollier@pa.gov).