

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 (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:			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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, % of financing in place? _____ (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	\$	

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 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.