



ENTERTAINMENT ECONOMIC ENHANCEMENT PROGRAM FINAL ECONOMIC IMPACT REPORT

INSTRUCTIONS: Please complete and submit this form to the Department of Community & Economic Development (DCED) simultaneously with your Examination Engagement Report 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 Program Manager
Department of Community and Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Email: jacollier@pa.gov

SECTION I: APPLICANT INFORMATION

1. TOUR TITLE:	Department Use Only DATE RECEIVED:
2. APPLICANT:	
3. PERMANENT ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA:	
4. Attach evidence that the company was incorporated or registered to do business in Pennsylvania.	

SECTION II: PRODUCTION SCHEDULE

REHEARSAL SCHEDULE

1. START DATE OF REHEARSAL IN PA:	2. COMPLETION DATE OF REHEARSAL IN PA:	
3. NAME OF FACILITY IN PA:		
4. ADDRESS OF FACILITY IN PA:		
5. TOTAL NUMBER OF REHEARSAL DAYS IN PA:	6. TOTAL NUMBER OF REHEARSAL DAYS IN NON-PA:	7. TOTAL NUMBER OF REHEARSAL DAYS IN ALL LOCATIONS:

TOUR SCHEDULE

1. START DATE OF TOUR (ALL LOCATIONS):	2. END DATE OF TOUR (ALL LOCATIONS):
3. TOTAL NUMBER OF TOUR DAYS IN PA:	4. Attach all locations for final tour. Include: City, State and Country.

CLASS 1 VENUE SCHEDULE

1. START DATE OF TOUR IN CLASS 1 VENUE:	2. END DATE OF TOUR IN CLASS 1 VENUE:	3. NUMBER OF DAYS AT CLASS 1 VENUE:
4. NAME OF CLASS 1 VENUE:		
5. ADDRESS OF CLASS 1 VENUE:		

CLASS 2 VENUE SCHEDULE

1. START DATE OF TOUR IN CLASS 2 VENUE:	2. END DATE OF TOUR IN CLASS 2 VENUE:	3. NUMBER OF DAYS AT CLASS 2 VENUE:
4. NAME OF CLASS 2 VENUE:		
5. ADDRESS OF CLASS 2 VENUE:		

CLASS 3 VENUE SCHEDULE

1. START DATE OF TOUR IN CLASS 3 VENUE:	2. END DATE OF TOUR IN CLASS 3 VENUE:	3. NUMBER OF DAYS AT CLASS 3 VENUE:
4. NAME OF CLASS 3 VENUE:		
5. ADDRESS OF CLASS 3 VENUE:		

HOTEL ROOM NIGHTS INFORMATION

1. NUMBER OF HOTEL ROOM NIGHTS IN PA:
2. Attach a list of vendors in PA that supplied lodging (hotel or other accommodations) for the project. Include: Name, Address, City, State and Zip Code.

SECTION III: PRODUCTION EXPENSES AND CREDIT CALCULATION

1. Total Rehearsal Budget \$	3. Total Actual Rehearsal Expenses \$
2. Total PA Rehearsal Budget \$	4. Total Actual PA Rehearsal Expenses \$

5. Total PA Tour Budget \$	6. Total Actual PA Tour Expenses \$

7. PA Sales Tax \$	9. Philadelphia County Sales Tax \$
8. Municipal Wage Tax \$	10. Allegheny County Sales Tax \$
	11. Hotel Tax \$

SECTION IV: EMPLOYMENT

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

Attach a list of employees utilizing Form in Appendix H.

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

SECTION V: PRODUCTION INFORMATION**BUSINESS MANAGER**

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

PROMOTOR

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

PRODUCTION MANAGER

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

TOUR MANAGER

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

PRODUCTION ACCOUNTANT

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

TOUR GROUP OR PERFORMANCE ARTISTS

NAME:

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:

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) *(Issued by Federal Government)*

SECTION VI: COMMUNITY CONTRIBUTIONS

Identify cash contributions and in-kind donations to residents or organizations in PA that resulted by the production.

Example: Donation of tickets to special need children.

Provide proof of marketing and logo.

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

SECTION VII: SIGNATURE, VERIFICATION & SUBMISSION

Under penalties of perjury, I declare that I have examined this Final Economic Impact Report, 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	