



VIDEO GAME PRODUCTION TAX CREDIT APPLICATION

APPENDIX C

Please carefully read the Video Game Production Tax Credit Program 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

1. PROJECT TITLE:		DATE RECEIVED: <i>Department Use Only</i>	
2. APPLICANT ENTITY OR INDIVIDUAL/TITLE <i>(if individual)</i> :			
3. PRODUCTION COMPANY NAME <i>(if different from Applicant)</i> :			
4. APPLICANT ADDRESS:			
5. CITY:	6. STATE:	7. ZIP:	8. COUNTRY:
9. EMAIL:			
10. TELEPHONE:	11. CELL PHONE:	12. FAX:	
13. FEDERAL TAXPAYER ID (EIN):	14. PA CORP ACCT ID (BOX #):	15. PA REVENUE #:	16. SINGLE APPLICATION #:
17. 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 DATE OF PRODUCTION.

18. 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

SECTION II: PRODUCTION INFORMATION

VIDEO GAME PRODUCTION COMPANY

1. NAME:	<input type="checkbox"/> Check here if same as Applicant	2. TITLE:	
3. COMPANY NAME:			
4. COMPANY ADDRESS:			
5. CITY:	6. STATE:	7. ZIP:	8. COUNTRY:
9. EMAIL:			
10. TELEPHONE:	11. CELL PHONE:	12. FAX:	

SECTION III: ELIGIBILITY DETERMINATION

1. Attach a copy of the concept, including game plan.

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
2. Pre-Production						
3. Principal Production						
4. Post Production						
5. TOTALS						

LOCATION

6. ANTICIPATED NUMBER OF HOTEL ROOM NIGHTS IN PA:	7. ANTICIPATED DATE OF PROJECT COMPLETION IN ALL LOCATIONS: <i>(Including Post Production)</i> (mm/dd/yyyy)	8. PROJECTED OR ACTUAL RELEASE DATE: (mm/dd/yyyy)
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PENNSYLVANIA LOCATION	NON-PENNSYLVANIA LOCATION
9. PENNSYLVANIA PRE-PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	10. NON-PENNSYLVANIA PRE-PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)
11. PENNSYLVANIA PRINCIPAL LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	12. NON-PENNSYLVANIA PRINCIPAL LOCATION: (ADDRESS, CITY, STATE, COUNTRY)
13. PENNSYLVANIA POST PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	14. NON-PENNSYLVANIA POST PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)

SECTION IV: FINANCING INFORMATION

1. 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)		2. METHOD OF FINANCING:	
3. 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

1. ESTIMATED TOTAL # ALL EMPLOYEES FOR ALL LOCATIONS:	2. ESTIMATED TOTAL NUMBER OF PA EMPLOYEES: _____ PA FULL TIME _____ PA PART-TIME
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SECTION VI: PRODUCTION EXPENSES AND CREDIT CALCULATION

1. Total Production Budget	\$	<input type="text"/>
2. Qualified PA Expenses	\$	<input type="text"/>
3. Qualified PA Expenses as % of Total Production Budget		<input type="text"/> %
4. Video Game Production Credit Requested	\$	<input type="text"/>
Attach the Budget Top Sheet for the project. (Appendix D)		

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 Video Game 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.