



VIDEO GAME PRODUCTION TAX CREDIT ECONOMIC IMPACT REPORT

APPENDIX G

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

SECTION I: APPLICANT INFORMATION

1. PROJECT 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: PROJECT INFORMATION

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
1. Pre-Production						
2. Principal Production						
3. Post Production						
4. TOTALS						
5. ANTICIPATED DATE OF PROJECT COMPLETION IN ALL LOCATIONS: (Including Postproduction) (mm/dd/yyyy)				6. PROJECTED OR ACTUAL RELEASE DATE: (mm/dd/yyyy)		

PRODUCTION LOCATION

PENNSYLVANIA LOCATION	NON-PENNSYLVANIA LOCATION
7. PENNSYLVANIA PRE-PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	8. NON-PENNSYLVANIA PRE-PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)
9. PENNSYLVANIA PRINCIPAL LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	10. NON-PENNSYLVANIA PRINCIPAL LOCATION: (ADDRESS, CITY, STATE, COUNTRY)

PENNSYLVANIA LOCATION	NON-PENNSYLVANIA LOCATION
11. PENNSYLVANIA POST PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)	12. NON-PENNSYLVANIA POST PRODUCTION LOCATION: (ADDRESS, CITY, STATE, COUNTRY)

HOTEL ROOM NIGHTS

13. TOTAL NUMBER OF ROOM NIGHTS IN PA:
14. Attach a list of vendors in pa that supplied lodging (hotels or other accomodations) for the project (include street address, City, State, Zip Code).

SECTION III: FINANCIAL INFORMATION

Category	Number	Total Qualified PA Spent (A)
HOTEL ROOM NIGHTS		
EMPLOYEES		
ACTORS		
PER DIEM PAID TO NON-LOCALS		
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				

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 I.

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

SECTION V: 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:	

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>			

Provide proof of end credits which include logo.
NOTES AND COMMENTS <i>(optional; attach separate sheets)</i>

SECTION VI: 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 #: ()	EMAIL:
NAME AND TITLE OF PREPARER:		TELEPHONE #: ()	EMAIL:
PREPARER'S ADDRESS			
CITY		STATE	ZIP