



FILM TAX CREDIT APPLICATION

APPENDIX D

Please carefully read the Film 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:

Corporation
 Subchapter S Corporation
 Limited Liability Company
 Partnership
 Individual Proprietorship
 Other _____

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

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

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:		
<input type="checkbox"/> Feature Film	<input type="checkbox"/> TV Movie	<input type="checkbox"/> TV Pilot or Episodic TV Show
<input type="checkbox"/> Documentary	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (describe) _____
PROVIDE A LOG LINE FOR PROJECT:		
ATTACH A COPY OF THE SCRIPT.		

PRODUCTION SCHEDULE

START DATE OF PRINCIPAL PHOTOGRAPHY IN PA (MM/DD/YY):	ANTICIPATED COMPLETION DAY IN PA:
ANTICIPATED DATE OF PROJECT COMPLETION IN ALL LOCATIONS (INCLUDING POST-PRODUCTION) (MM/DD/YY):	PROJECTED OR ACTUAL RELEASE DATE (MM/DD/YY):
TOTAL DAYS OF (PRE/PRINCIPAL/POST) PRODUCTIONS IN ALL LOCATIONS (IN PA AND ELSEWHERE):	
NUMBER OF PRE-PRODUCTION DAYS IN PA:	NUMBER OF PRINCIPAL PHOTOGRAPHY PRODUCTION DAYS IN PA:
NUMBER OF POST PRODUCTION DAYS IN PA:	TOTAL DAYS OF PRODUCTION IN PA:
NUMBER OF PRODUCTION DAYS AND NAME OF QUALIFIED PRODUCTION FACILITY IN PA:	ANTICIPATED NUMBER OF HOTEL ROOM NIGHTS IN PA:

PRINCIPAL PHOTOGRAPHY / SHOOT DAYS

HAS THE PROJECT BEEN GREENLIT/APPLICANT RECEIVED ALL NECESSARY INTERNAL APPROVALS TO BEGIN PRINCIPAL PHOTOGRAPHY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL SHOOT DAYS IN PHILADELPHIA REGION: <i>(Bucks, Chester, Delaware, Montgomery & Philadelphia Counties)</i>		
TOTAL SHOOT DAYS IN PITTSBURGH REGION: <i>(Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Mercer, Lawrence, Washington & Westmoreland Counties)</i>		
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 EMPLOYEES (INCLUDE CAST, CREW & ALL LOCATIONS):	ESTIMATED TOTAL EXTRAS/STAND-INS ALL LOCATIONS:
ESTIMATE TOTAL NUMBER OF PA EMPLOYEES (CAST & CREW):	
_____ PA FULL TIME	_____ PA PART-TIME
_____ PA EXTRAS/STAND-INS	

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

Janice Collier
 Film Tax Credit Program Manager, Tax Credit Division
 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.