



# FILM TAX CREDIT FINAL PRODUCTION & ECONOMIC IMPACT REPORT

**APPENDIX H**

**INSTRUCTIONS: Please complete and submit this form to the Pennsylvania Film Office 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, Film Tax Credit Program Manager, Tax Credit Division  
Department of Community and Economic Development  
Commonwealth Keystone Building  
400 North Street, 4th Floor  
Harrisburg, PA 17120-0225  
Email: jacollier@pa.gov

### APPLICANT INFORMATION

PROJECT TITLE:	<b>Department Use Only</b> DATE RECEIVED:
APPLICANT:	
PERMANENT ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA	
ATTACH EVIDENCE THAT THE COMPANY WAS INCORPORATED OR REGISTERED TO DO BUSINESS IN PENNSYLVANIA ON THE DATE OF COMMENCEMENT OF PRINCIPAL PHOTOGRAPHY IN PA.	

### PROJECT INFORMATION

<b>PRODUCTION TYPE</b>	<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 ( <i>describe</i> )		
<b>PRODUCTION SCHEDULE</b>	START DATE OF PRE-PRODUCTION (MM/DD/YYYY):	DATE OF COMMENCEMENT OF PRINCIPAL PHOTOGRAPHY IN PA (MM/DD/YYYY):	
	START DATE OF POST PRODUCTION (MM/DD/YYYY):	NUMBER OF SCOUTING DAYS IN PA:	PROJECT COMPLETION DATE (INCLUDING POST PRODUCTION) (MM/DD/YYYY):
	TOTAL DAYS OF (PRE / PRINCIPAL / POST) PRODUCTION IN <b>ALL LOCATIONS</b> (IN PA AND ELSEWHERE):		
	A. NUMBER OF <b>PRE</b> -PRODUCTION DAYS IN PA:	B. NUMBER OF <b>PRINCIPAL PHOTOGRAPHY</b> PRODUCTION DAYS IN PA:	
	C. NUMBER OF <b>POST</b> -PRODUCTION DAYS IN PA:	D. <b>TOTAL DAYS</b> OF PRODUCTION IN <b>PA</b> (A+B+C):	
<b>PRODUCTION LOCATION</b>	PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA):		
	POST-PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA):		
	LIST PRINCIPAL PHOTOGRAPHY LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE)		
	LIST PRE-PRODUCTION LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE)		
	LIST POST-PRODUCTION LOCATION(S) IN PA (INCLUDE VENDOR NAME (IF APPLICABLE) STREET ADDRESS, CITY, STATE, ZIP CODE)		
	MAJOR LANDMARKS, INSTITUTIONS AND SITES IN PA USED IN PRODUCTION:		

<b>ROOM NIGHTS</b>	TOTAL NUMBER OF ROOM NIGHTS IN PA:
	ATTACH A LIST OF VENDORS IN PA THAT SUPPLIED LODGING (HOTELS OR OTHER ACCOMODATIONS) FOR THE PROJECT (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE).
<b>PRODUCTION</b>	NUMBER OF PRODUCTION DAYS AND NAME OF QUALIFIED PRODUCTION FACILITY IN PA:

**FINANCIAL INFORMATION**

Category	Number	Total PA Spent (A)
HOTEL ROOM NIGHTS		
LOCAL CREW		
ACTORS / EXTRAS	/	
PER DIEM PAID TO NON-LOCALS		
LOCATIONS FEES		
STAGE EXPENSES		
OFFICE RENTAL AND SUPPLIES		
SECURITY EXPENSES		
COMMUNICATION EXPENSES <small>(phone, cells, pagers)</small>		
EQUIPMENT RENTALS		
VEHICLE RENTALS AND EXPENSES		
CATERING EXPENSES		
<b>TOTAL FROM COLUMN A</b>		

Category	Total PA Spent (B)
ART DEPT. / WARDROBE EXPENSES	
CONSTRUCTION COSTS <small>(outside local material &amp; 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)	
<b>TOTAL FROM COLUMN B</b>	
<b>TOTAL PA EXPENDITURES (COLUMN A+B)</b>	

	Budget	Actual	Budget v. Actual Variance	
			\$	%
Total Expenses				
PA Qualified Expenses				

**EMPLOYMENT & TRAINING IN PENNSYLVANIA**

**PAID WORKERS**

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

**TRAINEES/VOLUNTEERS**

	TOTAL	PA Residents	Non-PA Residents
Number			
Amount Paid			
Number of Hours Worked			

Attach a list of Cast and Crew Utilizing Form in Appendix J.

Did any person hired to provide services do so through a loan-out company?  Yes  No

If yes, please complete the chart on page 3. Attach evidence that the loan-out company was incorporated or registered to do business in Pennsylvania on the date of commencement of principal photography in PA or the date of engagement, whichever is later. Please be sure to provide information for (1) all work performed through the loan-out, and (2) that portion of the work done in Pennsylvania.

Name of Loan-Out Company and FEIN #	Permanent Address of Loan-Out Company	Principal's Name	Start Date of Engagement	End Date of Engagement	# of Hours Worked (in PA only)	Compensation (in PA only)
<b>TOTAL COMPENSATION &amp; HOURS</b>						

**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:	

**LEAD ACTOR**

NAME:

**LEAD ACTRESS**

NAME:

**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:	

AGREED UPON PROCEDURES (CPA Firm)			
CPA FIRM:			
CONTACT NAME:		LICENSE OR PRACTICE PRIVILEGE PERMIT #:	
COMPANY ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
EMAIL:	TELEPHONE:	FAX:	

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>			

COMMUNITY CONTRIBUTIONS
<p><b>Identify cash contributions and inkind donations to residents or organizations in PA that resulted by the production.</b> <i>For example: refurbished a local community garden; donated desks to a school; etc.</i></p>

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

**SIGNATURE, VERIFICATION AND 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 # (       )	E-mail Address
Name and Title of Preparer	Email Address	Telephone # (       )
Preparer's Address	City	State        ZIP