

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:

Feature Film
 TV Movie
 TV Pilot or Episodic TV Show
 Documentary
 Commercial
 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?
 Yes No

TOTAL SHOOT DAYS IN PHILADELPHIA REGION: *(Bucks, Chester, Delaware, Montgomery & Philadelphia Counties)*

TOTAL SHOOT DAYS IN PITTSBURGH REGION: *(Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Mercer, Lawrence, Washington & Westmoreland Counties)*

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 | | | |
|--|--|------------------------|--------|
| <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 |

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.