

# California Film & Television Tax Credit Program



## APPLICATION FORM

<b>CFC Use Only:</b>
DATE RECEIVED:
QUEUE #:

Please carefully read the informational materials on the CFC website before filling out this application. Please consult your tax advisor to determine the tax implications for the applicant and any partners, members, or shareholders prior to filling out this form.

### Section 1: APPLICANT INFORMATION

Production Title:		Today's Date:	
*Applicant Entity or Individual/Title (if Individual):			
Production Company Name (if different from Applicant):			
Applicant Address:			
City:		State:	ZIP:
Country:	Email:		
Phone:	Cell phone:	Fax:	
Taxpayer ID #:		Seller's Permit # (if applicable):	

- Type of Entity:
- |  |   |
|--|---|
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Subchapter S Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Partnership              |
| <input type="checkbox"/> Individual Proprietorship     | <input type="checkbox"/> Other _____              |

\* The Applicant is any corporation, partnership, limited partnership, limited liability corporation (LLC) or other entity or individual that is principally engaged in the production of the "qualified motion pictures" and that controls the film or television program during pre-production, production, and post-production. The Applicant is the qualified taxpayer who, upon final approval, will receive the Tax Credit Certificate.

### Section 2: PRODUCTION INFORMATION

<b>A. Primary Production Company / Studio Representative</b>			<input type="checkbox"/> Check here if same as Applicant; Skip to Section 2B
Name:		Title:	
Company Name:			
Company Address:			
City:		State:	ZIP:
Country:	Email:		
Phone:	Cell phone:	Fax:	

<b>B. Producer</b>	
Name:	Email:
Cell Phone:	Office Phone:
<b>C. Line Producer</b>	
Name:	Email:
Cell Phone:	Office Phone:
<b>D. Production Manager</b>	
Name:	Email:
Cell Phone:	Office Phone:
<b>E. Production Accountant</b>	
Name:	Email:
Cell Phone:	Office Phone:
<b>F. Post-Production Accountant (if known)</b>	
Name:	Email:
Cell Phone:	Office Phone:
<b>G. Director</b>	<b>H. Executive Producer(s)</b>
Name:	Name:
<b>I. Lead Actor</b>	<b>J. Lead Actress</b>
Name:	Name:

<b>K. Payroll Service</b>		
Company Name:		
Paymaster:		
Address:		
Email:	Phone:	Fax:

<b>L. Distributor - Domestic or International (if known)</b>	
Company Name:	Contact Name:
Email:	Phone:

<b>M. Agreed Upon Procedures - CPA Firm Information</b>		<input type="checkbox"/> To Be Determined
CPA Firm:		
CPA:	License or Practice Privilege Permit # :	
Address:		
Email:	Phone:	Fax:

## Section 3: ELIGIBILITY DETERMINATION

### A. Type of Production

- Check this box if project qualifies as an Independent Film (Complete Section 3B)**
- |  |   |
|--|---|
| <input type="checkbox"/> Feature Film<br><input type="checkbox"/> Feature Film - Direct to DVD<br><input type="checkbox"/> Movie of the Week<br><input type="checkbox"/> Mini-Series<br><input type="checkbox"/> New TV Series (Basic Cable)<br>_____ # of episodes included this season | <input type="checkbox"/> Relocating TV Series<br>Previous Location _____<br>_____ # of episodes previously shot<br>_____ # of episodes included this season |
|--|---|

### B. Independent Film Declaration

Please list names of all company owners and percentages of ownership (use additional page, if necessary).

Name / Entity:	Ownership (%)

\_\_\_\_\_ *I hereby attest that* \_\_\_\_\_ *is not owned*  
 Applicant's Initial Company Name

\_\_\_\_\_ *by a publicly traded company OR that publicly traded companies do not own*  
 Date *(directly or indirectly) more than 25% of* \_\_\_\_\_  
Company Name

### C. Production Schedule

Start Date of Principal Photography:
Estimated End Date of Post-Production:
Projected or Actual Release Date:

### D. Principal Photography (PP) Days

a. Total PP days in Los Angeles area:	d. Total non-CA PP days:
b. Total PP days outside 30-mile studio zone (if known):	e. Total PP days (c+d):
c. Total CA PP days (a+b):	f. Total % CA PP days (c ÷ e x 100):
g. Estimated total CA 2nd unit / stunt / VFX days:	

If shooting outside of studio zone, indicate CA counties filming will occur:

\_\_\_\_\_

If shooting outside the State, indicate state and/or country filming will occur:

\_\_\_\_\_

## Section 4: FINANCING SOURCES

Please list each financing source as requested below.

Financing Sources and Name of Funds	Amount	%
Supporting documentation* attached? <input type="checkbox"/> Yes		Total Percentage of funds:

\* Bank statements, commitment letters, term sheets evidencing at least 60% of financing.

## Section 5: PRODUCTION STATISTICS

### A. Labor Statistics for In-State Work

Estimated Total # of Cast Members:

Estimated Total # of "Base" Crew Members\*:

Estimated Total Extras / Stand-ins Man-Days\*\*:

\* Base Crew is the average number of staff and shooting crew employed per day.

\*\* The sum of the number of days, full or partial, a person is estimated to work.

### B. Budget

Total California Expenditures (Qualified & Non-Qualified):

Will 75% of total production budget be spent in CA?

Yes

No

## Section 6: ESTIMATED TAX CREDIT ALLOCATION

### A. Qualified Expenditures

a. Total Qualified Wages:

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a.

b. Total Qualified (non-wage) Expenditures:

b.

c. Additional Qualified Expenditure (Bond, Contingency):

c.

d. Total Qualified Expenditures (a+b+c):

d.

### B. Estimated Tax Credit Allocation

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\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Total Qualified Eligible Tax Credit  
 Expenditures Enter .20 or .25

**Note:** Calculate tax credit allocation utilizing applicable qualified expenditure percentage for your production.

25 % - Independent Productions & Relocating TV Series

20 % - Other Qualified Motion Pictures

## Section 7: REQUIRED MATERIALS CHECKLIST

- CFC Form A Application Form - Paper copy
- Documentation to verify at least 60% financed - Paper copy & electronic PDF file
- Budget in an industry standard budgeting format indicating **QUALIFIED EXPENDITURES ONLY** - Paper copy & electronic
- One-line shooting schedule with scene descriptions (Production Board or Production Calendar for TV Series) - Paper copy & electronic PDF file
- Synopsis of a screenplay, teleplay, or series - Paper copy
- Screenplay - Electronic PDF file (preferred) or 2-sided paper copy  
If script is not available for confidentiality reasons, submit a one-line schedule in continuity order with scene descriptions.
- Relocation Statement (if applicable) - Paper copy

## Section 8: SIGNATURE

I certify under penalty of perjury under the laws of the State of California that I examined this application including all attachments and that, to the best of my knowledge, its content is true and correct.

\_\_\_\_\_  
Signature of Qualified Taxpayer / Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title