



California Film & Television Tax Credit Program

EXPENDITURE SUMMARY REPORT

APPLICANT INFORMATION

Production Title:		Credit Allocation Letter #:
Applicant Name:	Title:	
Company Name:		
Company Address:		
City:	State:	ZIP:
Country:	Email:	
Phone:	Cell phone:	Fax:

PRODUCTION SCHEDULE

Start of Principal Photography:	End Date of Post-Production:
Total Principal Photography Days in California:	

LABOR STATISTICS FOR IN-STATE WORK

Total Crew / Cast / Labor Man-Days:
Total Extras & Stand-ins Man-Days:
Total # of Residents Hired:
Total # of Non-Residents Hired:

CALIFORNIA TAXABLE SPEND/TAXES WITHHELD:

Total Expenditures on Taxable Goods and Services:
Total State Income Taxes Withheld:

QUALIFIED EXPENDITURES:E: Qualified Wages & Fringes (excluding post):
_____E2: Qualified Wages & Fringes - Post-Production only:
_____F: Qualified (Non-Wage) Spend (excluding post):
_____F2: Qualified (Non-Wage) Spend Post-Production only:
_____* G: Total Qualified Expenditures (E+F) (excluding post):
_____* G2: Total Qualified Expenditures Post-Production only (E2+F2):

* Tax Credit Allocation Due (G+G2):

$$\text{_____} \times \frac{\text{_____} \%}{\text{Eligible Tax Credit}} = \text{_____}$$

Enter .20 or .25

Credit Allocation Letter Amount: _____

*** FINAL CREDIT AMOUNT (whichever is less):** _____

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 of Qualified Taxpayer_____
Date_____
Printed Name and Title**This report was prepared by:**

Signature:	Date:
Printed Name:	Title:
Phone:	Email:

* Automatic calculations are programmed in the form.