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## California Film & Television Tax Credit Program

### APPLICATION FORM

**Please carefully read the guidelines 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 ONE: COMPANY INFORMATION

Date:
Title of Production:
Production Company:
Date of Formation:

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 picture" and that controls the film or television program during pre-production, production and post-production. **The applicant is the qualified taxpayer that upon final approval will receive the tax credit certificate.**

#### **Applicant Information**

Applicant name:		
Applicant title:		
Company name:		
Company address:		
City:	State:	ZIP / postal code:
Country:	Phone:	Cell phone:
Fax:	Email:	
Taxpayer ID # :		Seller's Permit # (if applicable):

<b>Type of entity:</b>	
<input type="checkbox"/> Individual proprietorship	<input type="checkbox"/> Subchapter S Corporation
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____

**SECTION TWO: PRODUCTION INFORMATION**

**Primary Production Company Representative**

Name:		
Title:		
Address:		
City:	State:	ZIP code:
Phone:	Cell Phone:	
Fax:	Email:	

**Production Contact: Producer**

Name:		
Email:	Cell Phone:	Phone:

**Production Contact: Line Producer**

Name:		
Email:	Cell Phone:	Phone:

**Production Contact: Production Manager**

Name:		
Email:	Cell Phone:	Phone:

**Production Contact: Production Accountant**

Name:		
Email:	Cell Phone:	Phone:

**Production Contact: Post Production Accountant (if known)**

Name:		
Email:	Cell Phone:	Phone:

**Other Key Production Personnel: Director**

Name:
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**Other Key Production Personnel: Executive Producer**

Name:
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**Other Key Production Personnel: Lead Actor/Actress**

Name:
Name:

**Payroll Service**

Name of service:		
Paymaster:		
Address:		
City:	State:	ZIP code:
Phone:	Email:	

**Distributor Information (if known):**

Company Name:		
Address:		
City:	State:	ZIP code:
Phone:	Email:	

**SECTION THREE: ELIGIBILITY DETERMINATION**

**A. TYPE OF PRODUCTION**

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Relocating TV Series
<input type="checkbox"/> Independent Feature Film	previous location _____
<input type="checkbox"/> Mini-series	___ # of episodes previously shot
<input type="checkbox"/> Mini-series (Independent)	___ # of episodes included in this season
<input type="checkbox"/> Movie of the week	<input type="checkbox"/> TV series (Basic Cable)
<input type="checkbox"/> Movie of the week (Independent)	___ # of episodes included in this season

**B. PRINCIPAL PHOTOGRAPHY DAYS**

Start of principal photography:		End of principal photography:	
Estimated completion of post production:			
Shoot days:	A	Total in Los Angeles area	_____
	B	Total outside 30-mile studio zone:*	_____
	C	Total CA shoot days (A+B)	_____
	D	Total non-CA shoot days	_____
	E	Total shoot days (C+D)	_____
	F	% of CA shoot days w/ respect to total shoot days	
			$C \div E \times 100 =$ _____ %
* Please list the counties you anticipate filming will occur:			
_____			
_____			
If shooting outside the state, please indicate state or country:			
_____			
_____			
_____			

**C. TOTAL PRODUCTION BUDGET**

Will 75% of the Total Production Budget be spent in the state of California?  yes  no

**SECTION FOUR: ESTIMATING TAX CREDIT ALLOCATION**

A.	Total Qualified wages:	
B.	Total Qualified(non-wage)expenditure:	
C.	Total Qualified Expenditures:(A+B)	

Calculate tax credit allocation utilizing applicable qualified expenditure percentage for your production:	Independent Film/Relocating TV series: 25 % x _____ = _____ total qualified expenditures (C.)
	Other qualified motion pictures: 20 % x _____ = _____ total qualified expenditures (C.)

**SECTION FIVE: REQUIRED MATERIALS**

- A budget in hard copy and an electronic file in an industry standard budgeting program indicating qualified expenditures.
- One-line Shooting Schedule (Production Board) - paper and electronic PDF copy OR
  - Production Schedule (for animated productions) OR
  - Production Calendar (for TV series)
- Synopsis of a screenplay, teleplay, or series
- Screenplay - PDF electronic copy preferred; if not, 2-sided paper copy. If script is not available for confidentiality reasons, submit a one-line schedule in continuity order
- Financing Sources Report CFC Form B, (new 6/1/2009) OR
  - If 100% self-financed production, please check box
- Relocation Statement (if applicable)
- Independent Film Declaration CFC Form C, (new 6/1/2009) (if applicable)

**SECTION SIX: 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 of Qualified Taxpayer

\_\_\_\_\_  
Date

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