California Film and Television Tax Credit Program 2.0

Credit Allocation Letter

Credit Allocation Letter _____

Date _____

Fiscal Year _____

Production Title _____

Production Type _____ ☐ Independent Film

Production Period

Estimated Start Date of Principal Photography _____

Estimated End Date of Post-Production _____

Qualified Taxpayer

Applicant Entity: _____

Production Contact, Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Email: _____

Taxpayer ID Number: _____

Type of Entity: _____

TAX CREDIT ALLOCATION RESERVED _____

CFC APPROVED JOBS RATIO _____

The allocation of tax credits indicated in this letter are not guaranteed and are only an estimate. Final granting of tax credits is subject to examination and verification of the claimed Qualified Expenditures, pursuant to the laws and regulations of the California Film and Television Job Retention and Promotion Act.

Granted by:

_____ _____

Amy Lemisch, Director **Date**

California Film Commission

7080 Hollywood Blvd, Suite 900 • Hollywood, CA 90028 • Tel: 323.860.2960

Fax: 323.860.2972 • Website: www.film.ca.gov • Email: incentiveprogram@film.ca.gov