California Film & Television Tax Credit Program

APPLICATION FORM

CFC Use Only:	
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:

- ☐ Corporation
- ☐ Subchapter S Corporation
- ☐ Limited Liability Corporation
- ☐ Partnership
- ☐ Individual Proprietorship
- ☐ 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

A. Primary Production Company / Studio Representative ☐ 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. Producer	
Name:	Email:
Cell Phone:	Office Phone:
C. Line Producer	
Name:	Email:
Cell Phone:	Office Phone:
D. Production Manager	
Name:	Email:
Cell Phone:	Office Phone:
E. Production Accountant	
Name:	Email:
Cell Phone:	Office Phone:
F. Post-Production Accountant (if known)	
Name:	Email:
Cell Phone:	Office Phone:
G. Director	**H. Executive Producer(s)**
Name:	Name:
I. Lead Actor	**J. Lead Actress**
Name:	Name:

K. Payroll Service		
Company Name:		
Paymaster:		
Address:		
Email:	Phone:	Fax:

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

M. Agreed Upon Procedures - CPA Firm Information		☐ 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)**

☐ Feature Film

☐ Feature Film - Direct to DVD

☐ Movie of the Week

☐ Mini-Series

☐ New TV Series (Basic Cable)

_____ # of episodes included this season

☐ Relocating TV Series

Previous Location _____

_____ # of episodes previously shot

_____ # 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 (%)

_____
Applicant's Initial

_____
Date

I hereby attest that _____ is not owned
Company Name

by a publicly traded company OR that publicly traded companies do not own

(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): 0
c. Total CA PP days (a+b): 0	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? ☐ Yes Total Percentage of funds: 0

* 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	CFC USE ONLY
a. Total Qualified Wages:	a.
b. Total Qualified (non-wage) Expenditures:	b.
c. Additional Qualified Expenditure (Bond, Contingency):	c.
d. Total Qualified Expenditures (a+b+c): $0.00	d.

B. Estimated Tax Credit Allocation

CFC USE ONLY

$0.00	x	_____	=	$0.00
Total Qualified Expenditures		Eligible Tax Credit **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

INITIAL APPLICATION MATERIALS

- ☐ 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

UPON REQUEST

☐ 1.) Detailed Narrative Statement
Please provide a written statement on letterhead which describes the extent to which the credit is expected to influence or affect choice of filming location with respect to financial and business considerations. These may include hiring, and/or salary decisions, and should state to what degree the tax credit effects decision making with respect to choice of location.

2.) For applicants that are a partnership or single member LLC that is disregarded pursuant to Section 23038 and that are not more than 25% owned by a publicly traded company provide:

☐ A.) Financial information, if available, including but not limited to the most recently produced balance sheets, annual statements of profits and losses, audited or unaudited financial statements, summary budget projections or results. This information is not subject to public disclosure.

☐ B.) The names of all partners in a partnership or names of all members of a limited liability company (classified as a partnership not publicly traded for California income tax purposes). This information is not subject to public disclosure.

3.) For applicants that are publicly traded companies or affiliates of publicly traded companies provide:

☐ A.) A listing of all members of the applicant's combined reporting group and any members to which the credit is anticipated to be assigned.

☐ B.) To the best of the applicant's knowledge, a listing of all states, provinces or other jurisdictions in which any of those members of a combined reporting group have financed motion picture productions in the previous calendar year from which the application was submitted.

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 _____