



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:	Phone:	Cell phone:
Fax:	Email:	

PRODUCTION SCHEDULE	
Start of principal photography:	End date of postproduction:
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 (excl. 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) :
Total tax credit allocation due:	
$\frac{\text{_____}}{(G + G2)} \times \frac{\text{_____}}{\text{eligible tax credit \%}} = \text{_____}$	

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: