



## California Film & Television Tax Credit Program

<b>EXPENDITURE SUMMARY REPORT</b>
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<b>APPLICANT INFORMATION</b>		
Production Title:	Credit allocation letter #:	
Applicant Name:	Title:	
Company Name:		
Company Address:		
City:	State:	ZIP:
Country:	Phone:	Cell phone:
Fax:	Email:	

<b>PRODUCTION SCHEDULE</b>	
Start of principal photography:	End date of postproduction:
Total Principal Photography Days in California:	

<b>LABOR STATISTICS</b>
Total Crew/Cast/Labor Man-Days:
Total Extras & Stand-ins Man-Days:
Total # of residents hired:
Total # of non-residents hired:

<b>TAXES:</b>
Total Expenditures on Taxable Goods and Services:
Total Payroll Taxes Withheld:

**QUALIFIED EXPENDITURES:**

(Please refer to the Schedule of Qualified Expenditures and the Guidelines to accurately assess qualified wages and expenditures.)

<b>E:</b> Qualified Wages (excluding post):	<b>E2:</b> Qualified Wages Post-Production only:
<b>F:</b> Qualified (Non-Wage) Spend (excl. post):	<b>F2:</b> Qualified ( Non-Wage) Spend Post-Production only:
<b>G:</b> Total Qualified Expenditures <b>(E+F)</b> (excluding post):	<b>G2:</b> Total Qualified Expenditures Post-Production only <b>(E2+F2)</b> :
<b>Total tax credit allocation due:</b>	
$\frac{\text{_____}}{(G + G2)} \times \frac{\text{_____}}{\text{eligible tax credit \%}} = \text{_____}$	

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:

**Financial information on this report verified by:**

CPA firm:	
CPA signature:	Date:
CPA name:	