



Empire State Development

Musical and Theatrical Tax Credit Program Project Summary - Final Application

Project Title:

Date Submitted:

SECTION ONE: Applicant & Production Contact Information

Applicant/Company

Business Type

Company	<input type="text"/>	EIN/SSN	<input type="text"/>	<input type="radio"/> C Corp
Address	<input type="text"/>			<input type="radio"/> LLC
Address2	<input type="text"/>			<input type="radio"/> LP
City	<input type="text"/>	State	<input type="text"/>	<input type="radio"/> S Corp
		Zip	<input type="text"/>	<input type="radio"/> Individual

* NOTE: IF THE APPLICANT IS AN LLC, LP (partnership) OR AN S CORPORATION, ATTACH SEPARATE SHEET LISTING THE NAMES AND EINs or SSNs OF ALL MEMBERS, PARTNERS OR SHAREHOLDERS AND THEIR RESPECTIVE PERCENTAGES.

Applicant's Primary Contact (authorized signer of this application, see instructions)

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Applicant's Secondary Contact

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Preparer of Application

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

SECTION TWO: Production General Information (Continued)

Please complete the chart below regarding the qualified production facility (ies) where the technical period has been conducted.

TECHNICAL PERIOD VENUE NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TECHNICAL PERIOD START DATE

SECTION THREE: Projected Musical and Theatrical Production Expenditures

3.1 PRODUCTION BUDGET

PRODUCTION BUDGET	AMOUNT
NYS QPF Costs	
NYS Labor Costs	
NYS Transportation Costs	
NY Non-qualified Costs	
TOTAL NY Spend	
Out of State Facility Costs	
Out of State Labor Costs	
Out of State Transportation Costs	
TOTAL PRODUCTION BUDGET	

Please attach a production budget for the Qualified Touring Production that identifies qualified production expenditures (Refer to Instructions, Section Three, and Empire State Musical and Theatrical Production Tax Credit Program Part 240 at <http://esd.ny.gov/BusinessPrograms/MusicTheaterCredit.html>).

3.2 PRODUCTION BUDGET

EMPLOYMENT	# EMPLOYEES	WAGES/COMP
Cast and Crew	Qualified NY	
	NON Qualified NY	
	Out of State	
	Total All NY Employees	
	TOTAL All Cast & Crew	

SECTION FOUR: Attachments

4.1 FINAL APPLICATION CHECKLIST

FINAL APPLICATION CHECKLIST	
	Signed Project Summary
	Budget Cost Qualifier – Summary and Detail
	Complete General Ledger
	Separate Ledgers – Facility/Labor/Transportation
	Weekly Payroll Report*
	Touring Cast/Crew Employment Report**
	Qualified Production Facility Employment Report***
	Schedule of Retained Assets
	FOIL Letter (optional)

*Weekly payroll report of individuals employed directly by the applicant or those hired through an employment agency on their behalf.

** To be submitted by the applicant and include ALL cast, crew, loan outs, and third party hires, regardless of where work was performed.

***To be submitted by the qualified production facility for facility hires. Application will not be deemed complete until the stage employment report has been received.

4.2 FOIL DISCLOSURE

The New York State Department of Economic Development is subject to the Freedom of Information Law (FOIL), which governs the process for the public disclosure of certain records maintained by the Department (See Public Officers Law, Sections 87 and 89). Applicants who submit information to the Department may request that the Department except all or part of such information from public disclosure, pursuant to Section 87(2)(a)(d) of the Public Officers Law, on the grounds that the proposal contains trade secrets, proprietary information, or that the information, if disclosed, would cause substantial injury to the competitive position of the firm submitting the information. Such exception may extend to information contained in the request itself, if public disclosure would defeat the purpose for which the exception is sought. The request for such an exception must be in writing and should state the reasons for the requested exception. It must also specify the proposal or portions thereof for which the exception is requested. The Department shall, where reasonable and appropriate, notify the applicant of any requests for confidential or proprietary materials and whether those materials are exempt from FOIL.

SECTION FIVE: Signature

Under penalty of perjury, I declare that I have personal knowledge of the contents of the application and accompanying documents, have made best efforts to verify the accuracy of the aforementioned application and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

Signature _____ Title _____ Date _____

Please submit the completed application to:
Empire State Musical and Theatrical Tax Credit Program via email at musictheatercredits@esd.ny.gov