Film Tax Credit Program
Post Production Credit
Project Summary - Initial Application

Project Title:

Date Submitted:

(Office use only)

Received by:

Date:

SECTION ONE: Production General Information

1-1 Film or Program Title:

1-2-a
- Feature Film
- Television Pilot
- Television Series # episodes this season
- Television Movie

1-2-b ANIMATION Check here if this production is fully animated

1-3 Schedule

	Start	End
b. Principal Photography:		
d. Post Production:		

SECTION TWO: Applicant & Post Production Contact Information

Applicant Contacts

2-1 Applicant

Company Name				EIN/SSN	
Address					
Address					
City		State		Zip	
Country					

NOTE: If the Applicant is an LLC, LP (partnership) or an S corporation, attach separate sheet listing the names, addresses and EINs or SSNs of all members, partners or shareholders and their respective percentages.

2-2 Applicant's Primary Contact (authorized signer of this application)

Name				Title	
Address					
City		State		Zip	
Phone		Email			

SECTION TWO: Applicant & Post Production Contact Information (continued)

2- 3 Preparer of this Application

Name				Title	
Address					
City		State		Zip	
Phone		Email			

Production / Post Production Contacts

In Sections 2-5 through 2-11 below, list the primary production personnel who will be knowledgeable about the information provided on this application.

2- 4 Producer

Name					
Address					
City		State		Zip	
Phone		Email			

2- 5 Post Production Supervisor

Name					
Address					
City		State		Zip	
Phone		Email			

SECTION TWO: Applicant & Post Production Contact Information (continued)

2- 6 Editor

Name					
Address					
City		State		Zip	
Phone		Email			

2- 7 Production Accountant

Name					
Address					
City		State		Zip	
Phone		Email			

2-8 Post Accountant

Name					
Address					
City		State		Zip	
Phone		Email			

2- 9 Payroll Service

Name					
Address					
City		State		Zip	
Phone		Email			

SECTION TWO: Applicant & Post Production Contact Information (continued)

Additional Key Personnel *(name only)*

2-10 Executive Producer

2-11 Director

2-12 Principal Actor

Principal Actor

Principal Actor

2-13 Distributor(s): *List all. For TV, list network, cable channel, other*

SECTION THREE: Post Production Detail Information

3- 1 NYS Qualified Post & VFX/Animation Threshold Calculations

NOTE: Costs are eligible for the credit ONLY to the extent attributable to the use of tangible personal property or the performance of services within New York State. Costs for production services provided by vendors, sub contractors or individual third party service providers located outside NY State are NOT eligible for the credit.

From Budget Cost Qualifier

VFX/Animation Threshold Calculation	Amount*	% Total
Downstate + Upstate Qualified Costs		0.00
Outside NYS VFX/Animation Costs		0.00
TOTAL VFX/Animation Costs		100.00

Post Production Threshold Calculation	Amount*	% Total
Downstate + Upstate Post Qualified		0.00
Outside NYS Post Costs		0.00
TOTAL Post Production Costs		100.00

**Note that only Qualified costs, as defined on the Schedule of Qualified Expenditures for Post Production, whether they are incurred within or without NY State, are included in this calculation. Costs defined as NON qualified on the Schedule of Qualified Expenditures, whether they are incurred within or without NY State, are not included.*

SECTION THREE: Post Production Detail Information (continued)

3-2 **Post Production Facilities in New York**

Facility #1					
Address					
City		State		Zip	
Phone		Email			
Activity Type		Activity Type		Activity Type	

Facility #2					
Address					
City		State		Zip	
Phone		Email			
Activity Type		Activity Type		Activity Type	

SECTION FOUR: New York Employment Information

4- 1 **Qualified Employees** (whether NYS resident or not) are post production employees working in New York on the qualified film and whose costs are eligible for reimbursement in the tax credit program (*as indicated "YES" on the Schedule of Qualified Expenditures for Post Production)*. Non-Qualified Employees (whether resident or not) are those employees whose costs are NOT eligible for reimbursement via the tax credit program (please refer to the Schedule of Qualified Expenditures).

Note that regardless of personal residency, an employee must be in New York when working on the qualified film to be counted as a NY Employee.

	# of Employees	Wages/Comp
Post Production Qualified NY Employees		
Post Prod NON Qualified NY Employees		
TOTAL NY Employees		

SECTION FIVE: End Credits

By signing and submitting this application, an applicant for the Film Tax Credit Post Production credit program agrees to include in the end credits of the qualified film "This production participated in the New York State Governor's Office for Motion Picture & Television Development Post Production Credit Program" **and in addition** to include the logo for the "NY ♥ FILM" program.

SECTION SIX: Required Attachments

- Budget Cost Qualifier
- Production Budget (top sheet only)
- Post Production Budget
- FOIL letter to protect your confidentiality (optional), see page 10 of the Program Guidelines.

SECTION SEVEN: Signature

The signature below must be provided by the corporate officer, general partner, managing member, or sole proprietor of the applicant seeking the Film Tax Credit Program Post Production tax credit. All other information requested by the application should be provided by the corporate officer, general partner, managing member, or sole proprietor of applicant seeking the post production tax credit.

Under penalties of perjury, I declare that I have examined the application and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete.

_____

Authorized signature

Date

_____

Title