Governor's Office of Motion Picture & Television Development

Film Tax Credit Program Production Credit
Project Summary - Final Application

Project Title: _____

Date Submitted: _____

(Office use only)

Received by: _____

Date: _____

SECTION ONE: Production General Information

1-1 Project Title:

1-2 a Type of Production (select one) LEVEL 1 ☐ Requires signature in Section 5 below.

LEVEL 2 ☐

1-2 b

- Feature Film ○
- Television Pilot ○
- Television Series ○ ☐ # episodes this season
- Television Movie ○
- Relocated TV ○

1-3 Production Schedule

	Start	End
a. Prep Start/End Date:		
b. Principal Photography:		
c. Additional Principal Photography/ 2nd Unit		
d. Post Production:		
e. Projected Release/Premiere:		n/a

SECTION Two: Applicant & Production Contact Information

Applicant Contacts

2-1 Applicant

Company			EIN/SSN		
Address					
Address 2					
City		State		Zip	

Business Type

- ○ C Corp
- ○ LLC*
- ○ LP*
- ○ S Corp*
- ○ 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.**

SECTION TWO: Applicant & Production Contact Information (continued)

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

Name					
Address					
City		State		Zip	
Phone		Email			

2- 3 Applicant's Secondary Contact

Name					
Address					
City		State		Zip	
Phone		Email			

2- 4 Preparer of application

Name					
Address					
City		State		Zip	
Phone		Email			

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- 5 Producer

Name					
Address					
City		State		Zip	
Phone		Email			

SECTION TWO: Applicant & Production Contact Information (continued)

2- 6 Production Office

Address					
City		State		Zip	
Phone #1		Phone #2			

2- 7 UPM

Name			
Email			
Office Phone		Cell Phone	

2- 8 Location Manager

Name			
Email			
Office Phone		Cell Phone	

2- 9 Production Accountant

Name			
Email			
Office Phone		Cell Phone	

2-10 End Credits Contact (***person responsible for compliance with end credit requirements***)

Name			
Email			
Office Phone		Cell Phone	

2-11 Publicity/PR Contact

Name			
Email			
Office Phone		Cell Phone	

SECTION TWO: Applicant & Production Contact Information (continued)

2- 12 Payroll Service

Name					
Address					
City		State		Zip	
Phone		Email			

Additional Key Personnel *(name only)*

2-13

Executive Producer:	

2-14

Director::	

2-15

Lead Actor:	
Lead Actor:	
Lead Actor:	

List all. For TV, list network, cable channel, other

2-16

Distributors:	

SECTION THREE: Production Detail Information

3- 1 NY Facility Threshold Calculation

From Budget Cost Qualifier: Summary Page

NY Facility Threshold Calculation	Amount	% Total
NYC LEVEL 1 Qualified Facility Costs	$	%
NYC LEVEL 2 Qualified Facility Costs	$	%
NY STATE Qualified Facility Costs	$	%
Non Qualified Facility Costs	$	%
TOTAL Facility Costs	$ 0	% 0.00

3-1 a Totals

From Budget Cost Qualifier: Detail Page Grand Total

	Qualified In NY				NON QUALIFIED		OUTSIDE NYS		TOTAL
	NYC QPF	NYS QPF	NYC LOC	NYS LOC	In NYS	OUTSIDE NYS	Facility	Loc./Other	
GRAND TOTAL	$	$	$	$	$	$	$	$	$

SECTION THREE: Production Detail Information (continued)

Production Facility Information

3-2 Primary New York City or New York State Qualified Production Facility

Facility Name					
Address					
City		State		Zip	
Phone		Email			

If you are shooting at ***more than one NYC or NYS*** *Qualified Production Facility, attach copies of sections 3-2 and 3-3 with information for each additional facility.*

3-3 Primary New York Qualified Production Facility Schedule

	Start	End
a. Facility License or Operating Agreement start/end date:		
b. Construction start/end date:		
c. Stage shooting start/end date:		
d. Stage wrap start/end date:		

3- 4 NON- Qualified Production Facility

If you are also shooting at any film production facility that is NOT a Qualified Production Facility, whether within or outside New York State or City, contact the Department for instructions. **Failure to disclose work at all facilities will be grounds for disqualifying this application.**

3-5 **Post Production Company**

Company Name					
Address					
City		State		Zip	
Phone		Email			

3- 6 FACILITY Shoot Days

	TOTAL number of **PRINCIPAL PHOTOGRAPHY** shoot days at the Qualified Production Facility
	TOTAL number of **SECOND UNIT / OTHER** shoot days at the Qualified Production Facility
	TOTAL number of shoot days at any **NON Qualified** production facility
0	TOTAL number of **ALL SHOOT DAYS** at any production facility

SECTION THREE: Production Detail Information (continued)

3- 7 LOCATION Shoot Days

Enter the number of shoot days on location (i.e., **not** at a production facility) for PRINCIPAL and SECOND UNIT/OTHER days for each region you plan to shoot in as indicated below. New York City consists of the five boroughs of Bronx, Queens, Brooklyn, Staten Island and Manhattan. If you need help determining regional designation for locations outside NY City, contact the State Film Office.

	Principal	2nd Unit
Capital Region		
Central NY		
Finger Lakes		
Long Island		
Mid Hudson		
Mohawk Valley		
New York City		
North Country		
Southern Tier		
Western NY		

TOTAL Shoot Days NY State	0
Shoot Days **OUTSIDE NYS**	

% of **PRINCIPAL LOCATION** Days in **NY STATE**

Filming Locations Detail *If you have more specific location info--place name, town, village, etc.--please indicate here*

3- 8 **LEVEL 2 ONLY:** Principal Photography Threshold **NOTE**: **IF this project is a LEVEL 1 production, DO NOT fill out this section.**

	TOTAL number of **PRINCIPAL PHOTOGRAPHY** shoot days at the **QUALIFIED PRODUCTION FACILITY**
	TOTAL number of **PRINCIPAL PHOTOGRAPHY** shoot days ON LOCATION in New York State
	TOTAL number of PRINCIPAL **PHOTOGRAPHY** shoot days anywhere OUTSIDE New York State
0	TOTAL number of all **PRINCIPAL PHOTOGRAPHY** shoot days

% **PRINCIPAL PHOTOGRAPHY** in QPF

SECTION FOUR: New York Employment Information

4- 1 *NOTE: Do not include information for* ***background actors*** *anywhere in Section 4-1; all employment information regarding background actors should be included in Section 4-2 ONLY.*

New York Production Employees are all employees assigned to work on the qualified film in New York (regardless of their personal residency).

Qualified Employees (whether resident or not) are production employees assigned to work on the qualified film in New York whose costs are eligible for reimbursement in the tax credit program. 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 for the Film Production Credit).

	# of Employees	Wages/Comp
a. Above the Line NY Qualified Employees		$
b. Below the Line NY Qualified Employees		$
c. Post Production NY Qualified Employees		$
d. NON Qualified NY Employees		$
Subtotal NY Qualified Employees ONLY	0	$ 0
TOTAL ALL NY Employees	0	$ 0

4- 2 Background Actors

Indicate the number of background actors (extras), number of man days, and total wages. "Number of hires" are the actual number of individual background actors hired. "Number of man days" are the total number of days which all background extras are scheduled to work. For example, if you have 20 background extras each working for 10 days, there are 20 hires and 200 total man days.

All NY background actors	# hires		# man days		$

SECTION FIVE: Level 1 Certification

By signing this section of this application, the Applicant certifies that the qualified production named in this application BOTH

a. has a production budget of no more than $15 million, AND
b. is being produced by a company in which NO MORE THAN five percent of the beneficial ownership is owned, directly or indirectly, by a publicly traded entity.

Failure to properly and fully disclose all information relevant to this stipulation can result in this application being declared invalid in its entirety.

I attest that I have read and agree to comply with the above

_____ SIGN HERE

SECTION SIX: NY State Registered Vendors

By signing this section of the application, the Applicant certifies that the qualified production company named in this application will purchase taxable tangible property and services, defined as qualified production costs, only from companies registered to collect and remit New York State and local sales and use taxes.

I attest that I have read and agree to comply with the above _____SIGN HERE

SECTION SEVEN: End Credits

By signing and submitting this application, an applicant for the State program agrees to EITHER:

- include in the end credits of the qualified film "Filmed With the Support of the New York State Governor's Office for Motion Picture & Television Development" **and in addition** to include the logo for the "NY ♥ FILM" program;

OR

- include in each qualified film distributed by DVD, or other media for the secondary market, a New York promotional video approved by the NY State Governor's Office for MP/TV

NOTE: Inclusion and documentation of the End Credits as specified above is a **STATUTORY REQUIREMENT** of the Film Production credit program. This is not discretionary. It is the responsibility of the Applicant to ensure that all components of the End Credit Requirements are included in the end credits of the qualified film.

Failure to comply with this requirement could result in this application being declared invalid in its entirety.

SECTION EIGHT: Required Attachments

- Budget Cost Qualifier
- Employment Report
- Daily Production Reports
- Shoot Days Summary
- General Ledger (entire)
- General Ledger Reports (separate)
- Cast and Crew List
- FOIL letter to protect your confidentiality (optional). see page 10 of the Program Guidelines.

SECTION NINE: Signature

The signature below must be provided by the corporate officer, general partner, managing member, or sole proprietor of the applicant seeking the Film 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 film 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