



EXPENDITURE SUMMARY REPORT

Non-Independent Productions

TITLE: _____

Copyright Reg # _____

CFC Use Only:		
DATE RECEIVED:		
QUEUE #		
FISCAL YEAR:	CAL #	CAL DATE:
CATEGORY:		

PHASE 4

Section 1: APPLICANT INFORMATION

Applicant Entity:		Taxpayer ID:	
Contact Name:		Contact Title:	
Address:			
City:		State:	Zip:
Country:	Email:		
Phone:	Cell Phone:	Fax:	
Parent Company, if applicable <input type="checkbox"/> Check here if same as Applicant;			
Name:		Title:	
Company Name:			
Address:			
City:		State:	Zip:
Country:	Email:		
Phone:	Cell phone:	Fax:	

Section 2: CONTACT INFORMATION

A. Payroll Service	
Company Name:	Paymaster:
Address:	
Email:	Phone:
B. Distributor - Domestic or International	
Company Name:	Contact:
Email:	Phone:
C. Agreed Upon Procedures - CPA Firm Information	
CPA Firm:	
CPA:	License #:
Address:	
Email:	Phone:

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Section 3: PROJECT INFORMATION

A. Type of Production

- | | |
|---|---|
| <input type="checkbox"/> Feature Film (Theatrical)
<input type="checkbox"/> Feature Film - Direct to DVD / VOD
<input type="checkbox"/> Movie of the Week
<input type="checkbox"/> Mini-Series | <input type="checkbox"/> Recurring TV Series
<input type="checkbox"/> Pilot
<input type="checkbox"/> New TV Series: _____ # of episodes
<input type="checkbox"/> TV pilot was initially accepted in the program. |
|---|---|

B. Production Schedule

Start Date of Pre-Production:	Start Date of Principal Photography:
Hiatus Start Date (If applicable)K	Hiatus End Date (If applicable)K
End Date of Principal Photography:	End Date of Post-Production: (Final Element creation Date)
Projected or Actual Release Date:	

Section 4: PRODUCTION SHOOT DAYS AND LOCATION

A. Principal Photography (PP) Days

a. Total PP days in Los Angeles zone:		f. Total PP days:	
b. Total PP days outside LA zone (in CA):		g. Total % CA PP days (c ÷ f x 100):	
c. Total CA PP days:		h. Estimated total CA 2nd unit / stunt / VFX days:	
d. Total % PP outside LA Zone:		i. Total PP approved facility days:	
e. Total non-CA PP days:		j. Total % PP approved facility days:	

B. If shot outside of LA zone, indicate CA counties:

C. If shot outside the State, state(s) or country(s):

Section 5: PRODUCTION STATISTICS

A. Labor Statistics for In-State Work

Total # of Cast Members:		Total Extras / Stand-ins Man-Days**:	
Total Cast Man-Days**:		Total # of Qualified & Non-Qualified CA Residents:	
Total # of "Base" Crew Members*:		Total # of Qualified & Non-Qualified Non-Residents:	
Total Crew Man-Days**:		Total # of CA Vendors:	

* Base crew is the average number of staff and shooting crew employed per day.

** The sum of the number of days, full or partial, a person is estimated to work.

B. California Income Taxes Withheld

Total state income taxes withheld on qualified AND non-qualified wages:

C. Total Production Spend

Total California Expenditures (Qualified & Non-Qualified):

D. Worldwide Visual Effects

Total Worldwide VFX Expenditures:

E. CA Visual Effects

Total CA VFX Expenditures:

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F. Employment Diversity Information

Note: Complete the information for cast and crew (do not include extras) to the extent possible and based only upon information provided by the individual cast and crew members in their payroll start information.

	# of Hires		# of Days Worked	
	Male	Female	Male	Female
Asian Pacific				
Black				
Caucasian				
Latino / Hispanic				
Native American Indian				
Unknown / Other				
TOTAL				

Section 6: JOBS RATIO

Please input original Jobs Ratio from application and actual spend Jobs Ratio as per the CPA performing the AUP.

Jobs Ratio from Application	Jobs Ratio from Actual Spend	Percent Decrease	Differential	Percent Increase

Section 7: CREDIT ALLOCATION

Total Qualified Wages	
Total Qualified Non-Wages	
Total Completion Bond Fee no more than 2% of Qualified Expenditures:	
Total Qualified Expenditures	

Tax Credit Amount: 20%	
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Total Uplifts (If Applicable)	
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Total Adjusted Tax Credit Amount	
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Section 8: FINAL CREDIT AND SIGNATURE CERTIFICATION

FINAL TAX CREDIT ALLOCATION

Note: Credit allocation applies only to the first \$100 million of qualified expenditures for non-independents.

Credit Allocation Letter Amount:

Total Adjusted Tax Credit Amount:

Total Adjusted Tax Credit Amount w/Overstatement
Penalty Reduction (If Applicable):

FINAL CREDIT AMOUNT:

Section 9: CERTIFICATION

By typing in the applicant's name in the designated box on the Expenditure Summary Report, such action is the applicant's acknowledgement, agreement, and certification that the applicant has read and reviewed the application, including all its attachments and that the content provided in the Expenditure Summary Report by the applicant is true and accurate to the best of his or her knowledge or at least the knowledge of what would be expected of a reasonable person in the same capacity.

Applicant's Name

Applicant's Title

Date