

CALIFORNIA

Film Commission

California Soundstage Filming Tax Credit Program

APPLICATION FORM

Phase B - Qualified Motion Picture

APPLICATION SUMMARY

Summary below to be completed by the California Film Commission.

Date Submitted: _____

Queue Number: _____

Production Title: _____

Production Category: _____

Estimated Tax Credit: _____

Credit Allocation Letter Date: _____

Phase A: Soundstage Certification

Soundstage Certification Identifier Number(s):	
Soundstage Entity:	
Type of Entity:	Taxpayer ID #:
Primary Applicant Name:	Title:
Applicant Address:	
Applicant Phone #:	Applicant Cell #:
Email Address:	

The applicant submitting this Phase B application attests that it is the qualified taxpayer that is either of the following:

- a) More than 50 percent owned, directly or indirectly, by the same owner or owners of the soundstage or soundstages that is part of a certified studio construction project on which the production is filmed, **or**
- b) Entered into a contract or lease of 10 years or more with the owner or owners of a certified studio construction project on which the production is filmed.

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

Section 1: QUALIFIED MOTION PICTURE INFORMATION

Qualified Motion Picture Entity:

Type of Entity:	Taxpayer ID #:
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Primary Contact Name:

Title:	Email Address:
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Applicant Address:

Applicant Phone #:	Applicant Cell #:
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Parent Company Contact Name:

Title:	Email Address:
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Address:

Phone #:	Cell #:
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Production Company Contact Name:

Title:	Email Address:
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Address:

Phone #:	Cell #:
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Budget / Schedule Contact Name:

Title:	Email Address:
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Address:

Phone #:	Cell #:
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Section 2: FINANCING SOURCES AND OWNERSHIP

A. Financing Sources and Name of Funds	Amount	% Of Funding
Total Percentage of Funds - Minimum 60% of Budget:		

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

B. Independent Films	
Investors and Partners	% Of Ownership

I hereby attest that Qualified Motion Picture Entity is not owned by a publicly traded company OR that publicly traded companies do not own (directly or indirectly) more than 25% of Qualified Motion Picture Entity.

Section 3: PROPOSED PROJECT

A. Production Category

New Series TV Pilot Initially Accepted under Program 3.0:
 Runtime over 40 min per Episode: # Of Episodes This Season: _____

Pilot Runtime over 40 min per Episode:

Relocating TV Series Previous Season Filming Location: _____
 # Of Episodes Previous Season: _____ # Of Episodes This Season: _____

Mini-Series # Of Episodes: _____ Runtime over 40 min per Episode:

Non-Independent Feature Film **Independent Film > \$10 million**

Independent Film ≤ \$10 million

B. Production Schedule

Start Date of Principal Photography:	End Date of Principal Photography:
Estimated End Date of Post-Production:	Projected or Actual Release Date:

C. Key Creatives

Executive Producer(s)
Producer(s)
Writer(s)
Director
Lead Actor(s)
Director of Photography
Location Manager

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

D. Synopsis

For Reference Use Only

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

Section 4: PRODUCTION SHOOT DAYS	
A. Principal Photography (PP) Days	
Total PP Days in LA Zone:	Total non-CA PP days:
Total PP Days outside LA Zone:	Total PP days:
Total CA PP days:	Total % CA PP days:
Total % PP Outside LA Zone:	
B. Filming Outside of LA Zone	
Counties Filmed in:	
C. PP Days on Soundstages	
Total PP Stage Filming Days:	
PP Stage Filming Days on Certified Stages:	% PP Certified Stage Filming Days:

Section 5: PRODUCTION STATISTICS		
A. Labor Statistics for In-State Work		
Estimated Total # of Cast Members		* Base crew is the average number of staff and shooting crew employed per principal photography day.
Estimated Total # of Base Crew*		
Estimated Total Background Performers / Stand-ins Man-days		
<input type="checkbox"/> By Checking the box, Applicant acknowledges the following required documentation will be submitted when the Applicant applies for a tax credit Certificate: Subject to self-reported voluntary information, include separate listings regarding the ethnicity and gender statistics of all individuals who received qualified wages (excluding background performers and stand-ins) and all individuals who received non-qualified wages.		
B. Budget		
Total Worldwide Production Budget		<input type="checkbox"/> 75% in CA
Total CA Expenditures (Qualified and Non-Qualified)		
C. Visual Effects		
Total Worldwide Visual Effects Budget		<input type="checkbox"/> 75% in CA
Total CA Visual Effects Budget		
Total CA Visual Effects Budget Eligible for Uplifts (VU)		<input type="checkbox"/> CA Qualified VFX > \$10,000,000

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

Section 6: ADDITIONAL CREDIT CALCULATION / UPLIFTS

A. Out of Zone			
Total Budget Out of Zone Wages (ZW)			
Total Budget Out of Zone Expenditures (ZE)			
Total Budget Out of Zone Consumables (ZC)			
B. Local Hire Labor			
Total out of zone Local Hire Labor eligible for uplift (LW)			
C. Visual Effects			
Total Eligible CA VFX (VU)			
D. Total Additional Tax Credit			
Total Out of Zone		5%	
Total California VFX		5%	
Total Local Hire Labor		10%	

E. Diversity Plan			
<input type="checkbox"/> Diversity Workplan submitted. The applicant may achieve up to a four-percentage point increase in its credit percentage if it meets or makes a good faith effort to meet the diversity goals in its diversity workplan.			
Total Qualified Expenditures <small>(QW+QE)</small>		x 4%	

D. Total Uplifts	
Total Out of Zone, Visual Effects, Local Labor	
Diversity Workplan	
TOTAL UPLIFTS	

Queue # and Title: _____

California Soundstage Filming Tax Credit Program

Section 7: ESTIMATED CREDIT ALLOCATION	
Total Qualified Wages (QW)	
(Input sum of total Soundstage Wages (QW, SW)*)	
Total Qualified Non-Wages (QE)	
Contingency (Maximum 10% of qualified budget)	
Completion Bond (Maximum 2% of qualified budget)	
Total Qualified Expenditures	
	Enter 20% or 25%
Total Qualified Expenditures x 20% or 25%	
Total Uplifts	
Total Credit Allocation Amount Including Uplifts	

* Soundstage Wages (SW) are part of the Qualified Wages and must be double tagged QW, SW; SW are included in overall QW and do not impact total amount.

Section 8: CERTIFICATION
Certification – All Applicants

I acknowledge, agree and certify that I, the Applicant, have read and reviewed the application, including all the content provided, and that it is accurate to the best of my knowledge or at least what would be expected of a reasonable person in the same capacity.

Primary Contact Name: _____

Title: _____

Date: _____