

**DIGITAL MEDIA & MOTION PICTURE TAX CREDIT
PRODUCTION TAX CREDIT VOUCHER APPLICATION**

Due no later than ninety (90) days following last qualified expenditure incurred in the state

Send completed application with attachments to: George Norfleet, Film Division Director,
Department of Economic and Community Development, 450 Columbus Blvd., Suite 5, Hartford, CT 06103

APPLICANT INFORMATION

Production Title _____

Applicant Name _____ EIN _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

E-mail _____ Website _____

Primary Contact Person _____

(Person with whom DECD is authorized to discuss pending application)

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Production Accountant _____

Telephone _____ Fax _____

E-mail _____

PRODUCTION INFORMATION

Calculate the actual percentage of Connecticut expenditures by dividing the Connecticut expenditures by the total budget. Estimated Connecticut qualified expenditures must exceed \$100,000 for the production to be eligible to receive an eligibility certificate. Additionally, at least 50% of principal photography, or 50% of post-production expenses must occur in Connecticut.

Total Budget \$ _____ (A) Actual CT Expenditures \$ _____ (B)

CT Budget Percentage \$ _____ % (B/A)

CT Paid Expenditures:

Pre-Production \$ _____ Production \$ _____ Post-Production \$ _____

Total Principal Photography Days _____ (C) CT Principal Photography Days _____ (D)

CT Principal Photography Percentage _____ % (D/C)

Total Post-Production Budget _____ (E) CT Post-Production _____ (F)

CT Post-Production Percentage _____ % (F/E)

Date of last qualified expenditure incurred in Connecticut _____

FOR OFFICE USE ONLY: Received By _____ Date _____ App# _____

TYPE OF PRODUCTION (INDICATE ONE)

Documentary	Feature Film	Television (Long-Form Specials, Mini-Series, Series)
Commercials	Videos & Music Videos	# of episodes included in this season _____
Demo	Interactive Games	Interstitial Television Program
Trailer	Interactive Television	Other Digital Media (Describe)
Video Teaser	Video Games	_____
Television Film	Sound Recordings	_____
Interactive Websites		_____

PRODUCTION SCHEDULE

	In Connecticut		Total Production	
	<i>Start Date</i>	<i>End Date</i>	<i>Start Date</i>	<i>End Date</i>
Pre-Production				
Production/Principal Photography				
Additional Photography & Re-Shoots				
Post-Production				
Projected Release/Premiere Date	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	

REVISED DISTRIBUTION PLAN

Please describe in detail the distribution plan for the qualified production including name of distributor, network or cable television.

FREEDOM OF INFORMATION ACT

This application and all information submitted will become public records under the Freedom of Information Act, C.G.S. §1-200, et. seq. unless specifically exempted by the Act. Applicants may request that information contained in the application which are not exempt by the Act, C.G.S. §1-210, be exempt from public disclosure. Such requests will be taken under consideration by DECD.

REQUIRED INFORMATION CHECKLIST

This application must be submitted with the following additional requested information in a binder with tabs in the following order for the application to be considered completed.

- Application Form - filled out completely and accurately
- DECD Detailed Cost Report (Excel file; obtain from www.ctfilm.com)
- Detailed Production Cost Report
- Payroll Report – include names, address, position and amounts - redact Social Security Numbers
- Vendor List
- Connecticut Vendor Report (Excel file; obtain from www.ctfilm.com)
- Independent Auditor’s Report (pursuant to Audit Instructions)
- Certificate of Legal Existence from the State of Connecticut Secretary of State (www.sots.ct.gov/) [click on Business and UCC Inquires]
- Confirmation of Registration of loan-out companies issued by DRS
- A notarized affidavit stating that the production does not contain any material or performance for which records are required to be maintained under 18 USC 2257 with respect to sexually explicit content.
- A notarized affidavit stating that the applicant has reviewed the Audit Instructions and has presented all support documentation in compliance with said Instructions
- Crew call sheets or production reports
- Copy of final “shooting” script dated as of the date of the Independent Auditor’s Report
- One copy of the final version of the production in DVD format
- Administrative fee of 1% of the anticipated credit (minimum \$200, maximum \$5,000) in the form of a certified check payable to DECD. Please indicate “OFTDM Fee” in memo
- Screen credit including State of Connecticut Office of Film, Television, and Digital Media logo

OFFICER CERTIFICATION

(The signature on the application must be provided by a corporate officer, general partner, or managing member of the applicant seeking the tax credits. Please indicate the signer’s title and relationship to the applicant.)

Under penalties of perjury, being an officer of the company hereby applying for certification, I declare that I have examined the Eligibility Application and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete and the applicant is in fact an eligible production company producing a qualified production. I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public records and/or forfeiture of any tax credits approved under this program. I also understand that the issuance of tax credits will be subject to the submission and review of an independent audit conducted by a DECD-approved Certified Public Accountant licensed in Connecticut. I understand that this application and the information submitted with it shall not be returnable to the applicant. *I further understand that I must provide screen credit to the State of Connecticut and the Department of Economic and Community Development unless otherwise requested.*

Signature of Officer of Company _____ Date _____
Print Name _____ Title _____