



**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,
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, 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 CCT is authorized to discuss pending application)

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Production Accountant _____

Telephone _____ Fax _____

E-mail _____

INTERIM APPLICATION INFORMATION

Was an Interim Tax Credit Voucher issued? Yes No

If so, period covered: _____ to _____ Amount of Credit Issued: \$ _____

PRODUCTION INFORMATION

Calculate the actual percentage of Connecticut expenditures by dividing the Connecticut expenditures by the total budget. Must exceed \$50,000 in qualified expenses to be certified as a qualified production. Provide the actual Connecticut expenditures for each individual phase of production (pre-production, production and post-production) that is the subject of this application.

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

CT Budget Percentage _____ % (B/A)

CT Paid Expenditures:

Preproduction \$ _____ Production \$ _____ Postproduction \$ _____

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

CT Principal Photography Percentage _____ % (D/C)

Date of last qualified expenditure incurred in Connecticut _____

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

TYPE OF PRODUCTION (INDICATE ONE)

- | | | |
|--|---|---|
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Feature Film | <input type="checkbox"/> Television (Long-Form Specials, Mini-Series, Series) |
| <input type="checkbox"/> Commercials | <input type="checkbox"/> Videos & Music Videos | # of episodes included in this season _____ |
| <input type="checkbox"/> Infomercials | <input type="checkbox"/> Interactive Games | <input type="checkbox"/> Interstitial Television Program |
| <input type="checkbox"/> Demo | <input type="checkbox"/> Interactive Television | <input type="checkbox"/> Other Digital Media (Describe) |
| <input type="checkbox"/> Trailer | <input type="checkbox"/> Video Games | _____ |
| <input type="checkbox"/> Video Teaser | <input type="checkbox"/> Sound Recordings | _____ |
| <input type="checkbox"/> Television Film | <input type="checkbox"/> 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 the Commission.

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
- CCT Detailed Cost Report (Excel file; obtain from www.cultureandtourism.org)
- Detailed Production Cost Report
- Payroll Report – include names, address and amounts - redact Social Security Numbers
- Vendor List
- Connecticut Vendor List – include names, address and amounts paid – shall include actual Connecticut Vendors ONLY (*Physically located in CT or registered to do business in CT*)
- 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

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 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 Connecticut Commission on Culture and Tourism unless otherwise requested.*

Signature of Officer of Company _____ Date _____

Print Name _____ Title _____

To expedite a response to questions regarding the Production Tax Credit Voucher Application, please submit questions in writing to taxcredit@ctfilm.com or call 860-256-2800.