

Kentucky Film Office

Film Production Company Refundable Tax Credit Application

Instructions: Please do not fill out this form until you are greenlit / fully financed and in prep.

The application must be submitted to the Kentucky Film Office no less than 30 days prior to production spending activity. Additional time is preferred, if possible. For stand-alone post, please complete applicable lines.

We understand that some of the information you provide us will be preliminary, so we appreciate your best

Please complete, initial, sign and fax to 502-564-1512: or scan and email to Todd.Cassidy@ky.gov

1. PRODUCTION INFORMATION

Project Title
Director
Executive Producer(s)
Producer(s)
Production Co. / Studio
Principal Cast
UPM/Line Producer
POC
Head Accountant
Line Manager
Local Principal Casting Director
Local Extras Casting Director
Publicist
Publicist Contact (phone and email)

2. TYPE OF PRODUCTION

Please check this box certifying that the production is intended for exhibition and reasonable commercial exploitation.

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Documentary
<input type="checkbox"/> Television Pilot	<input type="checkbox"/> Animation
<input type="checkbox"/> Television Series or Mini-series	<input type="checkbox"/> Video Game
<input type="checkbox"/> Television Reality	<input type="checkbox"/> Short Film
<input type="checkbox"/> Television Network	<input type="checkbox"/> Student Film
<input type="checkbox"/> Cable Television	<input type="checkbox"/> 3-D Production
<input type="checkbox"/> Cable Television Pilot	
<input type="checkbox"/> Internet - <i>Please list type:</i> _____	
<input type="checkbox"/> Post Production only	
<input type="checkbox"/> National Commercial - <i>Please provide proof of national broadcast.</i>	
<input type="checkbox"/> Regional Commercial - <i>Please provide proof of regional broadcast.</i>	
<input type="checkbox"/> Local Commercial - <i>Please provide proof of local area broadcast.</i>	
<input type="checkbox"/> Broadway Play for National Tour - <i>Please provide proof the play is slated for national tour.</i>	
<input type="checkbox"/> Other (describe project): _____	

3. PRODUCTION COMPANY: Entity that will claim the tax rebate

Please check this box certifying that you are a "film production company." Definition of "film production company": a person who produces one or more films or any part of a film.

Permanent Business Address (not a P.O. Box):

Company Name: _____

Principal Contact: _____

Address: _____

City, State, Country: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Fax Number: _____ Email Address: _____

Web Address: _____

Type of entity:

- C Corporation S Corporation LLC Partnership Estate or Trust
 Other

Federal Tax I.D. (FEIN - 9 characters): _ _ _ _ _

State in which incorporated or registered: _____

4. LOCAL PRODUCTION OFFICE (if applicable)

Kentucky Production Office Address:

Company Name: _____

Principal Contact: _____ Title: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Web Address: _____

5. KENTUCKY PRODUCTION INFORMATION

KY Prep days _____ through _____ # of days: _____

KY Shoot days _____ through _____ # of days: _____

KY Wrap days _____ through _____ # of days: _____

Post Production days _____ through _____ # of days: _____

Main Location(s): _____

If shooting in another location other than Kentucky, please list location and dates: _____

Number of Above The Line Crew Members: _____

Anticipated Total Compensation for Above The Line Crew Members: \$ _____

Number of Below The Line Crew Members: _____

Anticipated Total Compensation for Below The Line Crew Members: \$ _____

Total Production Budget: \$ _____

Estimated total **Kentucky** expenditure (include prep, post & crew): \$ _____

6. CERTIFICATION

_____ (**please initial**) I hereby affirm that I am authorized to sign on behalf of the applicant film production company described above, and further affirm that any items for which the applicant is seeking a rebate are intended for use exclusively as an integral part of the pre-production, production or post-production filming activities engaged in the Commonwealth of Kentucky.

_____ (**please initial**) I certify that the production does not violate a provision of K.R.S. 148.542 thru K.R.S. 148.548.

_____ (**please initial**) I certify that the production is intended for exhibition and reasonable commercial exploitation.

_____ (**please initial**) I certify that the production, if a long-form narrative, will have an onscreen credit for the Commonwealth of Kentucky.

Authorized representative's Name: _____

Title: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Signature: _____

