



FILM TAX CREDIT FINAL PRODUCTION & ECONOMIC IMPACT REPORT

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA FILM OFFICE
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
1-800-237-4363

INSTRUCTIONS: Please complete and submit this form to the Pennsylvania Film Office simultaneously with your audit after project completion. Tax credit certificates will not be issued until this form is submitted and approved. Completed forms should be sent by mail or email to:

Janice Collier, Director of Grants & Finance
Department of Community and Economic Development
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Email: jacollier@state.pa.us

APPLICANT INFORMATION	
PROJECT TITLE:	Department Use Only DATE RECEIVED:
APPLICANT:	
PERMANENT ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA	
ATTACH EVIDENCE THAT THE COMPANY WAS INCORPORATED OR REGISTERED TO DO BUSINESS IN PENNSYLVANIA ON THE DATE OF COMMENCEMENT OF PRINCIPAL PHOTOGRAPHY IN PA.	

PROJECT INFORMATION					
PRODUCTION TYPE	<input type="checkbox"/> Feature Film <input type="checkbox"/> TV Movie <input type="checkbox"/> TV Pilot or Episodic TV Show <input type="checkbox"/> Documentary <input type="checkbox"/> Commercial <input type="checkbox"/> Other (<i>describe</i>)				
PRODUCTION SCHEDULE	DATE OF COMMENCEMENT OF PRINCIPAL PHOTOGRAPHY IN PA (MM/DD/YYYY): <hr/> PROJECT COMPLETION DATE (INCLUDING POST PRODUCTION) (MM/DD/YYYY): <hr/> TOTAL DAYS OF PRODUCTION IN ALL LOCATIONS (IN PA AND ELSEWHERE): <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;">A. NUMBER OF PRE-PRODUCTION DAYS IN PA:</td> <td style="padding: 5px;">B. NUMBER OF PRIMARY PRODUCTION DAYS IN PA:</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">C. NUMBER OF POST-PRODUCTION DAYS IN PA:</td> <td style="padding: 5px;">D. TOTAL DAYS OF PRODUCTION IN PA (A+B+C):</td> </tr> </table>	A. NUMBER OF PRE -PRODUCTION DAYS IN PA:	B. NUMBER OF PRIMARY PRODUCTION DAYS IN PA:	C. NUMBER OF POST -PRODUCTION DAYS IN PA:	D. TOTAL DAYS OF PRODUCTION IN PA (A+B+C):
A. NUMBER OF PRE -PRODUCTION DAYS IN PA:	B. NUMBER OF PRIMARY PRODUCTION DAYS IN PA:				
C. NUMBER OF POST -PRODUCTION DAYS IN PA:	D. TOTAL DAYS OF PRODUCTION IN PA (A+B+C):				
PRODUCTION LOCATION	PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA): <hr/> POST-PRODUCTION OFFICE ADDRESS (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTRY IF OTHER THAN USA): <hr/> LIST PRIMARY PRODUCTION LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE) <hr/> LIST PRE-PRODUCTION LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE) <hr/> LIST POST-PRODUCTION LOCATION(S) IN PA (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE)				

PRODUCTION LOCATION	MAJOR LANDMARKS, INSTITUTIONS AND SITES IN PA USED IN PRODUCTION:
ROOM NIGHTS	TOTAL NUMBER OF ROOM NIGHTS IN PA:
	ATTACH A LIST OF VENDORS IN PA THAT SUPPLIED LODGING (HOTELS OR OTHER ACCOMODATIONS) FOR THE PROJECT (INCLUDE STREET ADDRESS, CITY, STATE, ZIP CODE).

FINANCIAL INFORMATION			
	Budget	Actual	Budget v. Actual Variance
			\$ %
Total Expenses			
PA Qualified Expenses			

EMPLOYMENT & TRAINING IN PENNSYLVANIA			
PAID WORKERS			
	TOTAL	PA Residents	Non-PA Residents
Number			
Salary & Wages Paid			
Number of Hours Worked			
TRAINEES/VOLUNTEERS			
	TOTAL	PA Residents	Non-PA Residents
Number			
Amount Paid			
Number of Hours Worked			
<p>Provide the following information for all personnel hired (including job trainees), preferably by attaching payroll records:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">> Name <li style="display: inline-block; width: 45%;">> Social Security Number (last four digits only) <li style="display: inline-block; width: 45%;">> Permanent Residence (Street Address) <li style="display: inline-block; width: 45%;">> Date of hire <li style="display: inline-block; width: 45%;">> Permanent Residence (City, State, Zip Code) <li style="display: inline-block; width: 45%;">> Date of termination of employment 			

Did any person hired to provide services do so through a loan-out company? Yes No

If yes, please complete the chart on page 3. Attach evidence that the loan-out company was incorporated or registered to do business in Pennsylvania on the date of commencement of principal photography in PA or the date of engagement, whichever is later. Please be sure to provide information for (1) all work performed through the loan-out, and (2) that portion of the work done in Pennsylvania.

Name of Loan-Out Company	Permanent Address of Loan-Out Company	Principal's Name	Start Date of Engagement	End Date of Engagement	# of Hours Worked (in PA only)	Compensation (in PA only)
TOTAL COMPENSATION & HOURS						

NOTES AND COMMENTS *(optional; attach separate sheets)*

SIGNATURE, VERIFICATION AND SUBMISSION

Under penalties of perjury, I declare that I have examined this application, including all the attachments, and to the best of my knowledge and belief it is true, correct and complete.
THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.

Signature of Officer of Company	Title	Date
Print Officer's Name and Title	Telephone # ()	E-mail Address
Name and Title of Preparer	Email Address	Telephone # ()
Preparer's Address	City	State ZIP