

**DIGITAL MEDIA & MOTION PICTURE TAX CREDIT
ELIGIBILITY APPLICATION**

Initial Filing *(Due no later than ninety (90) days following 1st qualified expenditure)*

Annual Filing

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 _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Website *(If available)* _____

Primary Contact Person _____

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

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Connecticut Production Manager _____

(Person with whom CCT is authorized to discuss pending application. Please also list separately all other persons with whom CCT is authorized to discuss pending application.)

Address _____ City/State/Zip _____

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) Estimated CT Expenditures \$ _____ (B)

CT Budget Percentage _____ % (B/A)

Estimated CT Expenditures:

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

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

CT Principal Photography Percentage _____ % (D/C)

Date of first expenditure 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 _____
Infomercials	Interactive Games	Interstitial Television Program
Demo	Interactive Television	Other Digital Media (Describe)
Trailer	Video Games	_____
Video Teaser	Sound Recordings	_____
Television Film	Interactive Websites	_____

PRODUCTION SCHEDULE

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

DISTRIBUTION PLAN

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

KEY PERSONNEL

Type of Contact	CT Resident? Y/N	Name	Address	Phone	Fax	E-mail
CT Contact During Production Title:						
Secondary Contact Title:						
Authorized Tax Credit Contact Title:						
Producer						
Line Producer						
Production Office Coordinator						
Post-Production Supervisor						
Unit Publicist						
Executive Producer						
Director						
Lead Actor(s)						

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 in hard copy with the following additional required information in order for the application to be considered complete.

- Application Form - filed out completely and accurately
- Authorized Key Personnel Contact List
- Budget Cost Qualifier (hard-copy and on CD)
- Detailed Production Budget
- Certificate of Legal Existence from the State of Connecticut Secretary of State (www.sots.ct.gov/) [click on Business and UCC Inquires]
- Registration Confirmation Notice from the State of Connecticut Department of Revenue Services (www.ct.gov/drs) (“click-on” file/Register Online)
- Script (if applicable)
- Administrative Fee - Certified Check for \$200 payable to DECD. Please note “OFTDM Fee” in memo

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 _____ Phone _____

Title _____ E-mail _____