

**BROADWAY PRODUCTIONS AND LIVE THEATRICAL TOURS
TAX CREDIT ELIGIBILITY APPLICATION**

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

Send completed application with attachments to:

George Norfleet, Executive Director, Office of Film Television & Digital Media
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 DECD is authorized to discuss pending application)

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Connecticut Production Manager _____

(Person with whom DECD 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.

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

CT Budget Percentage _____ % (B/A)

Estimated CT Expenditures:

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

Date of first expenditure in Connecticut _____

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

TYPE OF PRODUCTION (INDICATE ONE)

- Pre-Broadway
- Post-Broadway
- Live Theatrical

TOTAL PRODUCTION
(In Connecticut)

In Connecticut

Total Production

	Start Date	End Date	Start Date	End Date
Pre-Production				
Production				

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						

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
- 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

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 Playbill/Program 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 _____