

**BROADWAY PRODUCTIONS AND LIVE THEATRICAL TOURS
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, Executive Director, Office of Film Television & Digital Media
450 Columbus Blvd., Suite 5, 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 DECD is authorized to discuss pending application)

Address _____ City/State/Zip _____

Telephone _____ Fax _____

E-mail _____

Production Accountant _____

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:

Pre-Production \$ _____ Production \$ _____

Date of last qualified expenditure incurred in Connecticut _____

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

TYPE OF PRODUCTION (INDICATE ONE)

- Pre-Broadway
- Post-Broadway Live
- Theatrical Tour

In Connecticut

Total Production

PRODUCTION SCHEDULE

	<i>Start Date</i>	<i>End Date</i>	<i>Start Date</i>	<i>End Date</i>
Pre-Production				
Production				

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 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
- DECD Detailed Cost Report (Excel file; obtain from www.ctfilm.com)
- Detailed Production Cost Report
- Payroll Report – include names, address, position and amounts - redact Social Security Numbers
- Vendor List
- Connecticut Vendor Report (Excel file; obtain from www.ctfilm.com)
- 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
- This certifies that the production does not contain any material or performance for which records are required to be maintained with respect to sexually explicit content.
- This certifies 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 script dated as of the date of the Independent Auditor's Report
- Playbill/Program credit including State of Connecticut Office of Film, Television, and Digital Media logo

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 Voucher 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 _____ Title _____