Appendix E: Form D - Final Application

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New York State Empire State Film Production Credit &

New York City Made In New York Film Production Tax Credit

Final Application

Form D

FILM OR PROGRAM TITLE:	
DATE SUBMITTED:	
(office use only) RECEIVED BY:	
STATE/CITY OFFICE:	
Date:	





General Instructions

Please read the accompanying instructions completely before filling out this form. Incomplete or substantially incorrect filings will not be accepted.

A complete Final Application consists of the following documents:

FORM D – Final Application for **New York State** *and* **New York City** with accompanying instructions. This is a combined application that can be used to apply for the State *and/or* City credits. A copy of this application needs to be submitted separately to both offices.

FORM B – Schedule of Qualified Expenditures. This is a detailed chart of accounts that shows, line by line, which expenses in a standard film or television budget are qualified and which are not qualified to count towards the tax credit. Form B is informational only and does not need to be submitted with the application.

FORM E — Final Budget Cost Qualifier Detail Page and Summary Page. This form has two parts; both parts must be submitted with the application. The Final Budget Cost Qualifier is a detail of actual expenses, separated into columns identifying the expenses as either qualified or not qualified to count towards the tax credit or the threshold requirements. The Detail Page is the worksheet to be filled out. The Summary Page is automatically generated and does not require inputs. The completed FORM E provides the supporting detail for information requested on FORM D.

Required Attachments -

FORM E

Final Budget – The final budget is a mandatory part of this application. The budget must be submitted with the Final Application in order for the application to be complete.

General Ledger – A general ledger, or "bible", that ties to the completed FORM E is a mandatory part of this application.

Payroll Expenditure Report

Complete Cast & Crew List

Production Shooting Schedule

Daily Production Reports

FOIL Letter (Optional) – To protect confidentiality, you may submit a letter along the application requesting that application information be withheld from disclosure. See Section Nine for FOIL disclosure information.

Other documents as may be requested by the NYS Office or NYC Office

These combined documents are the Final Application which leads to approval of the project for the **New York State** and/or **New York City** film production tax credit. This application and its accompanying instructions are consistent with the New York City and New York State rules governing the administration of the tax incentive. However, should anything in the form or instructions be inconsistent with the final rules, the final rules will control.

When to apply:

Applications must be submitted within 60 days after the completion of production of a qualified film. "Completion of production" means that post-production of a qualified film has been finished and a cut negative, video master or other final locked form of the qualified film is ready for the striking of prints or electronic copies, and/or ready for broadcast or delivery to a distributor. Applications submitted prior to the completion of production, or more than 60 days after the completion of production, will not be accepted.





Where to apply:

Please note that if you are applying for both the New York State and New York City programs, you need to submit a separate copy of the application with original signature pages to each office:

Please submit the completed FORM D, FORM E, and the Final Budget in hardcopy. Form E must also be submitted in electronic format as an Excel document on CD, DVD or floppy disc. The General Ledger and other attachments may be submitted in electronic format as a PDF or other approved file format. Please submit to:

THE NEW YORK STATE GOVERNOR'S OFFICE FOR MOTION PICTURE & TELEVISION DEVELOPMENT 633 Third Avenue, 33rd Floor New York, NY 10017 (212) 803.2330 www.nylovesfilm.com

THE CITY OF NEW YORK MAYOR'S OFFICE OF FILM, THEATRE AND BROADCASTING 1697 Broadway, 6th Floor New York, NY 10019 (212) 489.6710 www.nyc.gov/film

Please indic	ate here if any information in this section has ch	anged from the Initial Applicatior
Please indicate in	f the production is applying for the NY State and	or the NY City tax credit program
	New York State	
	New York City	
Etl. B	Tale	
Film or Program	Title:	
Film or Program	Title.	
a. Applicant: (T	he entity engaged in and controlling the production.	b. Applicant EIN or SSN
a. Applicant: (T		b. Applicant EIN or SSN
a. Applicant: (T	he entity engaged in and controlling the production.	b. Applicant EIN or SSN
a. Applicant: (T This is the entity the series of the seri	he entity engaged in and controlling the production. nat would receive the tax credit)	
a. Applicant: (T This is the entity the second seco	he entity engaged in and controlling the production. nat would receive the tax credit) ructions for Privacy Act Notification	eets if necessary.)
a. Applicant: (T This is the entity the second seco	he entity engaged in and controlling the production. nat would receive the tax credit) ructions for Privacy Act Notification Idition, if the Applicant is: (Attach additional she	eets if necessary.)
a. Applicant: (T This is the entity the * Please see inst C. In ac A single	he entity engaged in and controlling the production. nat would receive the tax credit) ructions for Privacy Act Notification ddition, if the Applicant is: (Attach additional she member LLC, name of the single member and E	eets if necessary.) IN or SSN:
a. Applicant: (T This is the entity the * Please see inst c. In ac A single	he entity engaged in and controlling the production. nat would receive the tax credit) ructions for Privacy Act Notification Idition, if the Applicant is: (Attach additional she	eets if necessary.) IN or SSN: urded for tax purposes. If this line





AH	Partnership, list all partners (general a	and limited) and EINs or SSI	Ns:
<u> </u>			
<u> </u>			
L An	S Corporation, list shareholders and	EINs or SSNs:	
	, , , , , , , , , , , , , , , , , , , ,		
a. Applica	nt's Business Address:		
Name:			
Address:			
City		State:	ZIPcode:
h	In addition, if the Applicant is: (Atta	ch additional sheets if neces	seanu)
	single member LLC, indicate the mem		ssary.j
	lame:	iber 5 business address.	
A	ddress:		
C	ity:	State:	ZIPcode:
	nulti-member LLC, list all members' l		Zii code.
	lame:		
А	ddress:		
С	ity:	State:	ZIPcode:
	Partnership, list all partners' business	addresses:	
N	lame:		
А	ddress:		
С	ity:	State:	ZIPcode:
	S Corporation, list shareholders' bus	iness addresses:	
N	lame:		
	ddress:		
С	ity:	State:	ZIPcode:
Applicant's	Primary Contact (this is the person w	ho signs the application, pl	ease see instructions)
Name:			
Address:			
City		State:	ZIPcode:
Phone:		E-mail:	I
Applicant's	Secondary Contact:		
Name:			
Address:			
City		State:	ZIPcode:
Phone:		E-mail:	L





SECTION TWO: Production Information

Турс о	f Production: (check one) Feature Film				
	Television Pilot				
	Television Series # episodes in	cluded in th	nis season		
	Television Film	oladda iir ti			
	relevision runn				
Presen	tation Credits: (List all. Attach additional sheets if nec	essary.)			
Total F	inal Budget:				
Produ	uction Schedule:		Start	E	nd
a. Pre	p Start/End Date				
b. Prir	ncipal Photography Start/End Date:				
c. Ado	litional Photography & Reshoots Start/End Date:				
d. Pos	t-Production Start/End Date:				
e. Pro	jected Release / Premiere Date:			r	1/a
ь .	ction Contacts: (Include address, phone and e-mail for	each. Attach	ı additional she		
	ducer or Line Producer: (primary contact during pre-pr		d production)	eets if necessar	y.)
a. Proc	ducer or Line Producer: (primary contact during pre-pr		d production)	eets if necessar	y.)
a. Proc	ducer or Line Producer: (primary contact during pre-pr		d production)	ZIPcode:	y.)
a. Proc Name	ducer or Line Producer: (primary contact during pre-press:	roduction and	d production)		y.)
a. Proc Name Addre	ducer or Line Producer: (primary contact during pre-press:	State:	d production)		y.)
Addre City Phone	ducer or Line Producer: (primary contact during pre-press:	State:	d production)		y.)
Addre	ducer or Line Producer: (primary contact during pre-press: ss: duction Accountant:	State:	d production)		y.)
a. Proc Name Addre City Phone	ducer or Line Producer: (primary contact during pre-press: ss: e: duction Accountant:	State:	d production)		y.)
a. Proc Name Addre City Phone b. Proc Name	ducer or Line Producer: (primary contact during pre-press: ss: e: duction Accountant:	State:	d production)		y.)





c.	Post	Proc	luction	Acco	untant:
----	------	------	---------	------	---------

Name:		
Address:		
City	State:	ZIPcode:
Phone:	E-mail:	
d. New York Production Office:		
Name:		
Address:		
City	State:	ZIPcode:
Phone:	E-mail:	
e. Other Production Office(s):		
Name:		
Address:		
City	State:	ZIPcode:
Phone:	E-mail:	
f. Payroll Service:		
Name:		
Address:		
City	State:	ZIPcode:
Phone:	E-mail:	
Additional Key Personnel: (Names only required. Attach additiona a. Executive Producers: Name:	l sheets if necessary.)	
b. Producers:		
Name:		
c. Director:		
Name:		
d. Lead Actors:		
Name:		
Name:		
Please attach a complete crew list. Distributor: (List all. For TV, list network, cable channel, etc.)		

2-6

2-7



d. Other:



SECTION THREE: Final Calculation of Qualified Production Costs

3-1	Final total budget (both qualified and non-qualified costs):
	a. Above the line
	b. Production:
	c. Post-production:

e. Total budget (sum a through d) (this should tie to line 2-3 above):

- Final Budget Cost Qualifier (Form E). Please complete, referring to the <u>Schedule of Qualified</u>

 <u>Expenditures (Form B)</u>. For help, refer to the instructions to this Final Application. Please attach both the DETAIL PAGE and the SUMMARY PAGE from Form E.
- Referring to the SUMMARY PAGE from Form E, calculate actual **New York City** and **New York State** production costs. The **New York City** column includes expenses incurred for work within the New York City limits, which consists of the five boroughs of Bronx, Queens, Brooklyn, Staten Island and Manhattan. The **New York State** column is for work incurred in NY State *but outside the City limits*. To avoid double counting, include costs for all work done at a Qualified Production Facility (whether stage/construction/ office etc.) in line 3-3-a <u>only</u>. If applying for the New York State credit ONLY, you may include all costs in the NYS column.

NY Facility Threshold Calculation	NYC	NYS (Outside NYC)	Outside NY	Total				
See Form E, Summary Page. Capital letters in () refer to rows on the Summary Page. Qualified Production Facility Threshold								
a. Facility Costs (excl. post-production) Row (A)							
b. % Total Row (E	3) %	%	%	%				

NY Qualified Cost Calculation		NYC	(Outside NYC)	Total
See Form E, Summary Page Qualified Costs Calculation				
c. Qualified Facility Costs	Row (C)			
d. Qualified Location Costs	Row (D)			
e. Total Qualified Costs (sum c + d above)	Row (E)			
f. Non-Qualified NY Costs	Row (F)	n/a	n/a	
g. Outside NY Costs	Row (G)	n/a	n/a	
h. Total Budget (sum $e + f + g$) (ties to 3-1-e)	Row (H)	n/a	n/a	

NYS





SECTION FOUR: Facility & Location Thresholds

Name:				
Address:				
City:	State:		ZIP	code:
h Contact information at the	primary New York Qualified Prod	uction Eacility:	<u>'</u>	
Name:	primary New York Qualified Frou	uction racinty.		
Address:				
City:	State:		ZIP	code:
Phone:	E-mail:		l	
Primary New York Qualified P	roduction Facility Schedule	Start Date	e	End Da
c: Facility License or Operating A	greement start/end date:			
d. Construction start/end date:				
'		1		
·				
e. Stage shooting start/end date: f. Stage wrap start/end date:				
e. Stage shooting start/end date: f. Stage wrap start/end date: Additional New York City or I If you <u>also used</u> one or more of addition to the one document same information requested in	New York State Qualified Produce ther New York City or New York ed in 4-1 above, indicate here and 14-1 (a through f) above for each one New York Qualified Production	k State Qualified I attach copies of of the additional	f sectic faciliti	on 4-1 with the
e. Stage shooting start/end date: f. Stage wrap start/end date: Additional New York City or I If you also used one or more of addition to the one document same information requested in the control of the control o	New York State Qualified Production other New York City or New York ied in 4-1 above, indicate here and n 4-1 (a through f) above for each one New York Qualified Production icility uction facility that is NOT a Qual	k State Qualified I attach copies of of the additional on Facility (sheets ified Production I	f section faciliti	on 4-1 with thes.
e. Stage shooting start/end date: f. Stage wrap start/end date: Additional New York City or I If you also used one or more of addition to the one document same information requested in the control of the control o	New York State Qualified Production other New York City or New York ied in 4-1 above, indicate here and n 4-1 (a through f) above for each one New York Qualified Production icility uction facility that is NOT a Quallew York State:	k State Qualified I attach copies of of the additional on Facility (sheets ified Production I	f section faciliti	on 4-1 with thes.
e. Stage shooting start/end date: f. Stage wrap start/end date: Additional New York City or I If you also used one or more of addition to the one document same information requested in the control of the production Fall you also used any film production without New York City or Name & Address of other	New York State Qualified Production other New York City or New York ied in 4-1 above, indicate here and n 4-1 (a through f) above for each one New York Qualified Production icility uction facility that is NOT a Quallew York State:	k State Qualified I attach copies of of the additional on Facility (sheets ified Production I	f section faciliti	on 4-1 with thes.



4-4

4-5

4-6



b. Contact information at the other NON-Qua	iiiiea Productio	ri racility:	
Address:			
City:	State:	ZIP	code:
Phone:	E-mail:		
NON-Qualified Production Facility Schedule		Start	End
c. Facility License or Operating Agreement start/end	date:		
d. Construction start/end date:			
e. Stage shooting start/end date:			
f. Wrap stages start/end date:			
If you <u>also</u> used one or more <u>other</u> facilities that or without New York City or New York State) in of section 4-3 with all the same information red facility. Yes, used more than one NON- Qualified Post-Production Facility: (List all)	addition to any quested in 4-3 (a	documented in 4-3 a through f) above fo	above, attach copies r each additional
Name/Address:			
Final production schedule – shooting days			
Stage days are days cameras roll for principal plor not. Location days are days cameras roll for of a film production facility. New York State dalimits.	principal photog	graphy on any location	on that is NOT part
a. # stage days in NYC			
b. # stage days in NYS			
c. # stage days outside NY			
d. Total # stage days (a + b + c)			
e. # location days in NYC			
f. # location days in NYS			
g. # location days outside NY			
h. Total # location days $(e + f + g)$			
i. Total # shooting days (d + h)			
j. % location days in NYC (e ÷ h)		%	
k. % location days in NYC & NYS ((e + f) ÷ h)		%	





4-6 Final Qualified Production Facility Expenditures

NOTE: For the purposes of calculating this threshold, the term "facility expenditures" refers to those expenditures directly related to stage shoot days and other production activity at a film production facility, including but not limited to set construction, crew, materials, meals, equipment, set operations, non-speaking background extras, the use of stage space and office operations if done at the Facility. Facility Expenditures *excludes* crew, equipment and other costs for location days.

NOTE: Post-production costs are <u>not</u> included in calculating this threshold; do <u>not</u> include post-production costs anywhere in this section regardless of where post-production occurs.

If you had more than one qualified facility in New York City or New York State, please complete a separate copy of section 4-6 for each facility. New York City consists of the five boroughs of Bronx, Queens, Brooklyn, Staten Island and Manhattan.

New York City Qualified Facility	# Days	Cost
Facility lease/licensing Cost	n/a	
Construction & Wrap Days/Cost		
Camera Roll Days/Cost		
Other facility Days/Cost		
Total All NYC Qualified Facility Days/Cost (cost ties to 3-3-a above)	a.	b.

New York State Qualified Facility (outside NYC)	# Days	Cost
Facility lease/licensing Cost	n/a	
Construction & Wrap Days/Cost		
Camera Roll Days/Cost		
Other facility Days/Cost		
Total All NYS Qualified Facility Days/Cost (cost ties to 3-3-a above)	c.	d.

Non-Qualified Facilities (within or outside NY)	# Days	Cost
Facility lease/licensing Cost	n/a	
Construction & Wrap Days/Cost		
Camera Roll Days/Cost		
Other facility Days/Cost		
Total Non-Qualified Facility Days/Cost (cost ties to 3-3-a above)	e.	f.

Total All Facilities		Cost/%	
Total Qualified & Non-Qualified Facility Costs	(b+d+f)	g.	
% Facility Costs at Qualified NYC Facility	(b ÷ g)	h.	%
% Facility Costs at Qualified NYS Facility	$((b + d) \div g)$	i.	%





SECTION FIVE: New York Employment Information

New York Production Employees are all employees assigned to work on the qualified film *in New York* (regardless of their personal residency).

New York City *Resident* Production Employees are employees whose home address given by the employee for all employment purposes is within the city of New York, which consists of the five boroughs of Bronx, Queens, Brooklyn, Staten Island and Manhattan. *Only NYC applicants need to supply this information*.

Qualified Employees (whether resident or not) are production employees assigned to work on the qualified film *in New York* whose costs are eligible for reimbursement in the tax credit program. Non-Qualified Employees (whether resident or not) are those employees whose costs are NOT eligible for reimbursement via the tax credit program (please refer to FORM B).

5-1

New York Employees	# Employees		Wages/Comp
Above the Line – Qualified Employees			
a. All qualified employees	#		\$
b. NYC Resident qualified employees	#		\$
Above the Line – NON-Qualified Employees			
c. All NON-qualified employees	#		\$
d. NYC Resident NON-qualified employees	#		\$
Below-the-Line - Production Employees			
e. All production employees	#		\$
f. Background actors	#	# days	\$
g. NYC Resident production employees	#		\$
h. NYC Resident background actors	#	# days	\$
Below-the-Line - Post-production Employees			
i. All post-production employees	#		\$
j. NYC Resident post-production employees	#		\$

5-2

Total Production Employees	# Employees	Wages/Comp
a. Total all production employees (5-1 $a + c + e + f + i$)	#	\$
b. Total NYC resident production employees $(5-1 b + d + g + h + j)$	#	\$





5-3 Diversity Information (NYC Applicants only)

Please provide information about minority employees. Please see instructions for more information,

New York City Employees	# Employees	Wages/Comp
a. Above the Line minority employees	#	\$
b. Below the Line minority employees	#	\$
c. Total minority employees	#	\$
d. Total minority employees % of all production employees (5-3-c divided by 5-2-a)	%	%

SECTION SIX: Budget Cost Qualifier (FORM E)

Please attach the completed Final Budget Cost Qualifier FORM E, both the Detail Page and the Summary Page. Please submit FORM E in both a hard copy and electronic version.

SECTION SEVEN: Attachments

Please provide the following attachments to the Final Application.

Form E

Final Budget

General Ledger

Payroll Expenditure Report

Cast & Crew List

Production Shooting Schedule

Daily Production Reports

FOIL Letter (Optional)

In addition, the Office may request other supporting documents.

NOTE: Please submit the completed FORM D, FORM E, and the Final Budget in hardcopy. Form E must also be submitted in electronic format as an Excel document on CD, DVD or floppy disc. The General Ledger and other attachments may be submitted in electronic format as a PDF or other approved file format.

Record Retention - Each authorized and approved applicant must maintain records, in paper or electronic form, of any qualified productions costs used to calculate its potential or actual benefit(s) under this program for a minimum of three years from the date of filing of the tax return on which the applicant claims the tax credit. The NYS Office and the NYC Office shall have the right to request such records upon reasonable notice.





SECTION EIGHT: Signature

The signature below must be provided by the corporate officer, general partner, managing member, or sole proprietor of the applicant seeking the New York State and the New York City film production tax credits. All other information requested by the application should be provided by the corporate officer, general partner, managing member, or sole proprietor of applicant seeking the film production tax credit.

Under penalties of perjury, I declare that I have examined the application and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete.

Signature	Date
Print Name	
Title	
Relationship to Applicant	

SECTION NINE: FOIL Disclosure (New York City & New York State)

IMPORTANT—HOW TO PROTECT YOUR INFORMATION

Please note that in order to protect this application from being subject to Freedom of Information Law (FOIL) disclosure, you must send separate letters to the city and the state regarding the following:

Both the New York State Governor's Office for Motion Picture & Television Development, as part of the New York State Department of Economic Development, and the Mayor's Office of Film, Theatre and Broadcasting are subject to the New York State Freedom of Information Law ("FOIL"), which governs public access to the records of government agencies (see Public Officers Law sections 84 though 90).

You should be aware that applicants who submit information to either Office may request that the information be excepted from public disclosure, pursuant to section 87(2)(a-d) on the grounds that the information constitutes trade secrets, proprietary information or that the information, if disclosed, would cause substantial injury to the competitive position of the applicant. Such a request must be in made in writing separately to each Office, must specify the information to be withheld and must state the reasons for the requested exception.

Each Office separately reserves the right to determine whether the information submitted by the applicant will be withheld from disclosure. Each Office will notify the applicant of any requests for disclosure of applicant's information and notify the applicant as to whether the information will be disclosed.

Applicants may submit their request for non-disclosure of information with the application submitted to each Office.

Form **D** (05/05) Printed 5/18/2005





Next Steps: What happens after you submit this Final Application?

1. Approval – If the final application is approved, the NYS Office and/or NYC Office shall issue a certificate of tax credit to the approved applicant. The NYS Office shall provide a copy of such certificate of tax credit to the New York State Department of Taxation and Finance. The NYC Office shall provide a copy of such certificate to the New York City Department of Finance. If the final application is disapproved, the NYS Office or NYC Office shall provide the applicant with a notice of disapproval which shall state the reasons therefor. Such disapproval shall be a rejection of the applicant's final application.

An authorized applicant that disagrees with the disapproval or the amount of the credit may appeal pursuant to the process as set forth in the regulations of the New York City Made In New York Film Production Tax Credit Program and the New York State Empire State Film Production Tax Credit Program. For a copy of the regulations please visit the websites listed below.

- 2. Receiving the Tax Credit When you file your tax return for the year in which the production was completed, you will include a copy of the certificate of tax credit with your return. For your New York State return you will need to complete the forms required by the New York State Department of Taxation and Finance to claim the credit. Information about obtaining forms CT-248 and IT-248 or any other forms required is available at: www.nystax.gov. For your New York City return you will need to complete the forms required by the New York City Department of Finance to claim the credit. Information about obtaining New York City forms is available at: www.nyc.gov/finance.
- 3. Record Retention Each authorized and approved applicant must maintain records, in paper or electronic form, of any qualified production costs used to calculate its potential or actual benefit(s) under this program for a minimum of three years from the date of filing of the tax return on which the applicant claims the tax credit. The NYS Office and the NYC Office shall have the right to request such records upon reasonable notice.

Thank you for bringing your project to **New York** and for applying for the **New York City Made In New York** and the **New York State Empire State Film Break** tax incentive programs. If you have further questions, please contact us at:

THE NEW YORK STATE GOVERNOR'S OFFICE FOR MOTION PICTURE & TELEVISION DEVELOPMENT 633 Third Avenue, 33rd Floor New York, NY 10017 (212) 803.2330 www.nylovesfilm.com

GEORGE E PATAKI GOVERNOR

CHARLES A GARGANO, CHAIRMAN, EMPIRE STATE DEVELOPMENT

PAT SWINNEY KAUFMAN, EXECUTIVE DIRECTOR
NYS GOVERNOR'S OFFICE FOR MOTION PICTURE
& TELEVISION DEVELOPMENT

THE CITY OF NEW YORK MAYOR'S OFFICE OF FILM, THEATRE AND BROADCASTING 1697 Broadway, 6th Floor New York, NY 10019 (212) 489.6710 www.nyc.gov/film

MICHAEL R BLOOMBERG MAYOR

DANIEL L DOCTOROFF, DEPUTY MAYOR FOR ECONOMIC DEVELOPMENT & REBUILDING

KATHERINE L OLIVER COMMISSIONER MAYOR'S OFFICE OF FILM, THEATRE & BROADCASTING