
Appendix D: Form C - Initial Budget Cost Qualifier

New York State & New York City Film Production Tax Credit

FORM C - Summary Page

PROJECT TITLE:

Sample Project Title

Date:

01/01/2005

Note to Applicant: You do not need to fill out this worksheet. All information on this worksheet will be automatically updated by the information provided in the Detail worksheet. The worksheet is locked. To unlock sheet, use "Tools" "Protection" "Unprotect". The password is "tax".

Facility Costs	Qualified NYS			Outside NY	Total
	NYC	(outside NYC)	Total NY		
TOTAL ABOVE-THE-LINE	\$0	\$0	\$0	\$0	\$0
TOTAL PRODUCTION	\$0	\$0	\$0	\$0	\$0
TOTAL POST PRODUCTION	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER	\$0	\$0	\$0	\$0	\$0
TOTAL Facility (C)	\$0	\$0	\$0	\$0	\$0
<i>% of Total</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
Qualified Facility Threshold Calculation					
	NYC	NYS	Total NY	Outside NY	Total
Total Facility Less Post (A)	\$0	\$0	\$0	\$0	\$0
<i>% of Total (B)</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
Location Costs					
	NYC	NYS	Total NY	Outside NY	Total
TOTAL ABOVE-THE-LINE	\$0	\$0	\$0	\$0	\$0
TOTAL PRODUCTION	\$0	\$0	\$0	\$0	\$0
TOTAL POST PRODUCTION	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER	\$0	\$0	\$0	\$0	\$0
TOTAL Location (D)	\$0	\$0	\$0	\$0	\$0
<i>% of Total</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
Total Qualified Costs Calculation					
	NYC	NYS	Total NY	Outside NY	Total
TOTAL Facility + Location (E)	\$0	\$0	\$0	\$0	\$0
<i>% of Total</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>

Total Costs	Qualified	NY	Outside NY	Total Budget
TOTAL ABOVE-THE-LINE	\$0	\$0	\$0	\$0
TOTAL PRODUCTION	\$0	\$0	\$0	\$0
TOTAL POST PRODUCTION	\$0	\$0	\$0	\$0
TOTAL OTHER	\$0	\$0	\$0	\$0
GRAND TOTAL (F) (G) (H)	\$0	\$0	\$0	\$0
<i>% of Total</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>	<i>0.0%</i>
		(F)	(G)	(H)

New York State & New York City Film Production Tax Credit

FORM C - Detail Page

PROJECT TITLE:

APPLICANT:

DATE:

CONTACT:

For help filling out Form C, please see Instructions Section 3-2. Please refer to Form B for detail on which costs are qualified and non-qualified.

ACCT#	Project Acct#	CATEGORY TITLE	IN NEW YORK				OUTSIDE NEW YORK		TOTAL	
			Qualified In NY				NON Qualified Cost in NY	Non Qualified		
			Qualified Facility		Location/Other ¹⁾			Facility		Loc./Oth. ¹⁾
			NYC	NYS (outside NYC)	NYC	NYS (outside NYC)				
			a)	b)	c)	d)	e)	f)	g)	h)
101-00		STORY & RIGHTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
103-00		WRITING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
105-00		PRODUCERS & STAFF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
107-00		DIRECTOR & STAFF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
109-00		TALENT & STAFF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
111-00		TRAVEL AND LIVING EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
112-00		FRINGE BENEFITS (ALT)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		TOTAL ABOVE-THE-LINE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
113-00		PRODUCTION STAFF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
115-00		EXTRA TALENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
117-00		CAMERA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
119-00		ART DEPARTMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
121-00		SET CONSTRUCTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
123-00		SPECIAL EFFECTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
125-00		SET OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
127-00		ELECTRICAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
129-00		SET DRESSING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
131-00		ACTION PROPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
133-00		PICTURE VEHICLES/ANIMALS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
135-00		SPECIAL PHOTOGRAPHY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
139-00		WARDROBE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
141-00		MAKEUP & HAIRDRESSING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
143-00		PRODUCTION SOUND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
145-00		LOCATIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
147-00		VIDEO TAPE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
149-00		TRANSPORTATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
151-00		FILM AND LAB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
153-00		TESTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
155-00		FACILITY EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
156-00		AUDIENCE RELATIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
157-00		SECOND UNIT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

ACCT#	Project Acct#	CATEGORY TITLE	IN NEW YORK				OUTSIDE NEW YORK		TOTAL	
			Qualified In NY				NON Qualified Cost in NY	Non Qualified		
			Qualified Facility		Location/Other ¹⁾			Facility		Loc./Oth. ¹⁾
			NYC	NYS (outside NYC)	NYC	NYS (outside NYC)				
a)	b)	c)	d)	e)	f)	g)	h)			
159-00		SPECIAL UNIT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
163-00		FRINGES- SHOOTING PERIOD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL PRODUCTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
165-00		EDITING & PROJECTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
167-00		MUSIC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
169-00		SOUND (POST PRODUCTION)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
171-00		FILM AND STOCK SHOTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
173-00		VISUAL EFFECTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
175-00		TITLES, OPTICALS, INSERTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
179-00		FRINGES- POST PRODUCTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL POST PRODUCTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
181-00		INSURANCE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
183-00		UNIT PUBLICITY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
185-00		PRODUCT PLACEMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
187-00		GENERAL EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
189-00		FRINGES- OTHER	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
191-00		INSURANCE CLAIMS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
193-00		COMPLETION BOND	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
195-00		CONTINGENCY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL OTHER	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL ABOVE-THE-LINE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL BELOW-THE-LINE (w/o other)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		TOTAL ATL & BTL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
		GRAND TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL QUALIFIED COSTS (sum a+b+c+d)			\$0							

¹ The Location / Other column includes costs for work incurred outside the stage facility, including crew & equipment costs for location days, post-production, lab, etc.