



THE CITY OF NEW YORK
MAYOR'S OFFICE
OF FILM, THEATRE,
AND BROADCASTING

New York State Empire State Film Production Credit
&
New York City Made In New York Film Production Tax Credit
Final Application
Form A

PROJECT TITLE: _____

DATE SUBMITTED: _____

(Office use only)

RECEIVED BY: _____

STATE/CITY OFFICE: _____

DATE: _____



SECTION ONE: Applicant/Company Information

1-1 Please indicate if the production is applying for the NY State and/or the NY City tax credit programs:

New York State	
New York City	

1-2 Project Title:

[Empty text box for Project Title]

1-3 Applicant:

Name:		EIN/SSN:	
Address:			
City:	State:	ZIP code:	

NOTE: If the Applicant is an LLC, a partnership, or an S corporation, attach an additional sheet(s) listing the names, addresses and EINs or SSNs of all members, partners or shareholders and their respective percentages.

1-4 Applicant's Primary Contact:

Name:		
Address:		
City:	State:	ZIP code:
Phone:	E-mail:	

1-5 Applicant's Secondary Contact:

Name:		
Address:		
City:	State:	ZIP code:
Phone:	E-mail:	

SECTION TWO: Production Information

2-1 Type of Production: (check one)

- Feature Film
- Television Pilot
- Television Series # episodes included in this season _____
- Television Film

SECTION TWO: Production Information **(continued)**

2-2 Presentation credits: (List all companies and producing partners that will be listed in the project's presentation credits. Attach additional sheets if necessary.)

2-3 Production Schedule:

	Start	End
a. Prep Start/End Date		
b. Principal Photography Start/End Date:		
c. Additional Photography & Reshoots Start/End Date:		
d. Post-Production Start/End Date:		
e. Projected Release / Premiere Date:		n/a

2-4 Production Contacts: (Attach additional sheets if necessary.)

Producer

Name:		
Address:		
City	State:	ZIP code:
Phone:	E-mail:	

Line Producer/Unit Production Manager:

Name:		
Address:		
City	State:	ZIP code:
Phone:	E-mail:	

Production Accountant (at New York Production Office):

Name:		
Address:		
City	State:	ZIP code:
Phone:	E-mail:	

Post Production Accountant:

Name:		
Address:		
City	State:	ZIP code:
Phone:	E-mail:	



SECTION TWO: Production Information (continued)

Payroll Service:

Name:		Paymaster:	
Address:			
City:		State:	ZIP code:
Phone:		E-mail:	

2-5 Additional Key Personnel:

Executive Producer(s):

Name:

Producer(s):

Name:

Director:

Name:

Lead Actor(s):

Name:

Name:

2-6 Distributor: (List all. For TV, list network, cable channel, etc.)

SECTION THREE: Cost Summary

3-1 Enter Form C Summary Page Totals:

Total Budget	\$	
Total Qualified Costs	NYS \$	NYC \$

3-2

NY Facility Threshold Calculation	Amount	% of Total Facility Costs
NYC Qualified Facility Costs	\$	%
NYS Qualified Facility Costs	\$	%
Non-qualified Facility Costs	\$	%
Total Facility Costs	\$	100%



SECTION FOUR: Facility & Location Information

4-1 a. Primary New York City or New York State Qualified Production Facility

Name:		
Address:		
City:	State:	ZIP code:
Contact:	Phone:	E-mail:

b. Primary New York Qualified Production Facility Schedule **Start Date** **End Date**

Facility License or Operating Agreement start/end date:		
Construction start/end date:		
Stage shooting start/end date:		
Stage wrap start/end date:		

Submit copies of sections 4-1-a & b for each additional Qualified Production Facility used.

4-2 NON-Qualified Production Facility

If you are also shooting at any film production facility that is NOT a Qualified Production Facility, whether within or outside New York City or New York State attach copies of sections 4-1-a & b (above) for each additional facility.

4-3 Post-Production Facility and Contact: (List all)

Facility name:	Post supervisor:
Address:	

4-4 Production schedule - shooting days

Enter the total number of location and stage days for principal photography

NOTE: New York State days are for work incurred in NY State *but outside the City limits.*

	<u>1st Unit</u>			<u>2nd Unit and Other</u>	
	Location	Stage	Total	2 nd Unit	Other Camera Roll Days
NYC					
NYS (not NYC)					
Outside NYS					
Total					
% of Location Days in NYC					
% of Location Days in (NYS and NYC)					



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 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

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

5-2

Total Production Employees	# Employees		Wages/Comp
a. Total NY 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)

If you have information about minority and women employees, please provide. Include all minorities and all women in each appropriate column, even if the same employees are included in both minority and women columns. Please note that this information will be required for the final application.

	<u>Minority Employees</u>		<u>Women Employees</u>	
	# Employees	Wages/Comp	# Employees	Wages/Comp
a. Above the Line	#	\$	#	\$
b. Below the Line Production	#	\$	#	\$
c. Background actors	#	\$	#	\$
d. Total	#	\$	#	\$
e. Total percent of all production employees	%	%	%	%

SECTION SIX: End Credits

By signing and submitting this application, an applicant for the State program agrees to acknowledge The New York State Governor's Office for Motion Picture & Television Development in the screen credits of the qualified film and in addition to include the logo for the "NY ♥ FILM" program. An applicant for the City program agrees to acknowledge and The City of New York Mayor's Office of Film, Theatre and Broadcasting in the screen credits and in addition to include the logo for the "Made in NY" program.

SECTION SEVEN: Required Attachments

- Form C - Completed Budget Cost Qualifier, both the Detail Page and Summary Page, in both a hard copy and in electronic (Excel spreadsheet) form.
- The most current detailed budget

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