

Maryland Department of Commerce
Maryland Film Production Activity Tax Credit
APPLICATION FOR QUALIFICATION

Because the Maryland Film Production Activity Tax Credit is limited, **applications are accepted on a first come, first serve basis.** Applications must be submitted **before** beginning the Film Production Activity in Maryland. Applications must be complete and a signature is required. Prior to applying, it is recommended that you consult a tax specialist and/or lawyer regarding potential impacts of receiving a Maryland Film Production Activity Tax Credit on your taxes.

WARNING: False statements made knowingly and willfully in this tax credit application, including affidavits or other supporting documents submitted therewith, are punishable by law. All statements and documents are subject to verification.

Applicant / Production Company Information

Production Title:	

Full Legal Name of Applicant: <i>(name of entity receiving the tax credit & filing the tax return)</i>		
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:		
Authorized Representative:		
Title:		
Phone:		
E-Mail:		

Maryland Business Address: <i>(if different than above)</i>		
Address:		
City:	State:	Zip Code:
Phone:		

Applicant's Legal Formation:		
<input type="checkbox"/> Profit		<input type="checkbox"/> Non-Profit
<input type="checkbox"/> C Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other:	
Federal Tax ID:		Applicant's Tax Year:
State of Organization*:		

*** If the State of Organization is other than Maryland, the Applicant *MUST* register to do business in Maryland *BEFORE* beginning the Film Production Activity in Maryland. ([Maryland Business Express](#))**

Applicants should be aware that all information submitted in or accompanying an application may be subject to the provisions of the Maryland Public Information Act (MD Code, State Government Article, Title 10, Subtitle 6, Part III) and to the provisions of the MD Code, Tax General Article, §10-730.

Production Information

Production Title:

Type of Production:	
<input type="checkbox"/> Feature Film	<input type="checkbox"/> Commercial
<input type="checkbox"/> Television Series - No. of episodes:	<input type="checkbox"/> Documentary
<input type="checkbox"/> Television Pilot	<input type="checkbox"/> Music Video
<input type="checkbox"/> Television Film	<input type="checkbox"/> Other:

Budget Information:	
Total Projected Budget:	Projected Maryland Spend:
Pre-Production:	MD Pre-Pro:
Production:	MD Production:
Post-Production:	MD Post:
Estimated Total of Authorized Direct Costs in Maryland:	

Anticipated Schedule:						
	Start Date	End Date	No. of Days	MD Start Date	MD End Date	No. of Days
Prep / Pre-Production						
Principal Photography						
Add'l Photography <i>(if any)</i>						
Wrap						
Post Production						
Expected Completion Date:						
Weekly Filming Schedule:		<input type="checkbox"/> 5 day week		<input type="checkbox"/> 6 day week		
Total Number of Filming Days:						
Total Number of Filming Days in Maryland:						
Projected Release/Air Date:						

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Employment Information:	
Production Crew:	
Estimate of the total number of employees (resident and non-resident) working in Maryland while on-location in Maryland:	
Estimate of the total number of Maryland residents to be hired as crew members while on-location in Maryland:	
Actors and Extras:	
Estimate of the total number of employees (resident and non-resident) to be hired as actors or extras while on-location in Maryland:	
Estimate of the total number of Maryland residents to be hired as actors or extras while on-location in Maryland:	
Total Wages projected to be paid in Maryland while on-location in Maryland:	

Attachments

Please attach the following documentation to your application.	
<input type="checkbox"/> Copy of Pre-Production Budget	
<input type="checkbox"/> Expected Production Schedule	
<input type="checkbox"/> Copy of Script (Episodic TV, submit script of pilot or first episode)	<i>[may be waived by Commerce]</i>
<input type="checkbox"/> Evidence of National Distribution	
<input type="checkbox"/> Proof of Financing	
<input type="checkbox"/> Application Addendum	

NOTE: Prior to beginning principal photography in the State of Maryland, the Applicant **MUST** complete and submit the **Form for Additional Documentation and Information** to Commerce together with all the required attachments. Failure to submit this form and documentation on time may lead to the loss of the tax credit.

CERTIFICATION AND SIGNATURE:

In connection with the Applicant’s submission of this Application for Qualification for a Maryland Film Production Activity Tax Credit to the Department of Commerce (“Commerce”), the Applicant certifies to Commerce under the penalties of perjury as follows:

1. All information provided by or on behalf of the Applicant in connection with this Application for Qualification for a Maryland Film Production Activity Tax Credit, including all related submissions (collectively, the “Application”) is true and complete in all respects. The Applicant is not aware of any event or fact that (a) would require an amendment to this information in order to make this information true and complete and not misleading as of the date of this Application, and (b) should have been, and has not been, reported to Commerce as material information. The Applicant is obligated to update and correct all information.

2. All taxes imposed or fees assessed by the State of Maryland (the “State”) or any of its political subdivisions against the Applicant and its properties have been paid prior to the date when any interest or penalty would accrue for nonpayment.

3. The Applicant (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; and, (3) if an entity required to register with Maryland’s State Department of Assessment and Taxation, is in good standing and authorized or registered to do business in the State.

I solemnly affirm under the penalties of perjury that I have the authority to submit this Application and, to the best of my knowledge, information, and belief, that the information provided in this Application is true, correct, and complete.

APPLICANT:

_____ Company Name

By: **X** _____ (SEAL)
Signature

Name: _____ Printed Name

Date: _____ (mm/dd/yyyy)

Title: _____