

**Maryland Department of Commerce**  
**Maryland Film Production Activity Tax Credit**

**APPLICATION FOR FINAL TAX CREDIT CERTIFICATION**

**WARNING:** False statements made knowingly and willfully in reference to 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 Information**

<b>Production Title:</b>		
<b>Name of Applicant (Contact info on entity and/or signatory to whom the tax credit will be sent):</b>		
Company Name:		
Address:		
City:	State:	Zip:
Contact:	Phone:	
Title:		
E-Mail:		

**Required Final Submissions**

<b>Please submit the following documentation for Final Certification:</b>	
<input type="checkbox"/> Copy of complete Final Payroll / Earnings Report for ALL employees	
<input type="checkbox"/> Copy of complete Final General Ledger (GL) and GL by Production Expenditure Codes	
<input type="checkbox"/> Copy of complete Final Vendor / Accounts Payable List	
<input type="checkbox"/> List of ALL Employees (cast, crew & extras) employed while on location in Maryland. Include resident state.	
<input type="checkbox"/> List of ALL Maryland Residents (cast, crew & extras) employed while on location in Maryland	
<input type="checkbox"/> List of ALL Maryland businesses that directly provided goods or services to the production while on location in Maryland (including ALL Petty Cash & P-Card payments). Include company name & location (address, city & zip). Indicate companies that qualify as minority business enterprises. Indicate companies that are considered small businesses.	
<input type="checkbox"/> List of ALL Loan Out/Personal Services Companies paid in connection with the project. Include FEIN number and address of principal office.	
<input type="checkbox"/> Completed MD Film Office Production Expenditure Report	
<input type="checkbox"/> Copy of Independent Auditor's Report & Signed Engagement Letter	
<input type="checkbox"/> Copy of Final Production Schedule	<input type="checkbox"/> Copy of Final Crew List
<input type="checkbox"/> Copies of ALL Call Sheets	<input type="checkbox"/> Copy of Final Contact List
<input type="checkbox"/> Copy of Location Contact Sheet	<input type="checkbox"/> Copy of Screen Actors' Guild Minority Breakdown

**CERTIFICATION AND SIGNATURE:**

In connection with the Applicant’s submission of this Application for Final Certification for a Maryland Film Production Activity Tax Credit to the Department of Commerce (“Commerce”), the Applicant certifies to the 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 Final Certification 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. The Applicant will be deemed to remake this certification on the date that Commerce issues a Final Tax Credit Certificate to the Applicant.

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. There are no amounts owed to any person or entity in Maryland which provided goods or services in connection with the Film Production Activity.

4. The costs of the Film Production Activity are reasonable and were negotiated at arms-length.

5. 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 / Individual Name

By: **X** \_\_\_\_\_ (SEAL)   
 Signature

Name: \_\_\_\_\_   
 Printed Name

Date: \_\_\_\_\_   
 (mm/dd/yyyy)

Title: \_\_\_\_\_