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 | | | | | |
|--|--|----------------------------|--|--|--|
| Production Title: | | | | | |
| | | | | | |
| Name of Applicant (Contact info on entity and/or signatory to whom the tax credit will be sent): | | | | | |
| Company Name: | , | , | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Contact: | Phone: | , | | | |
| Title: | <u>, </u> | | | | |
| E-Mail: | | | | | |
| | | | | | |
| Required F | inal Submissio | ns | | | |
| • | | | | | |
| Please submit the following documentation for Final Certification: | | | | | |
| Complete Final Payroll / Earnings Report for ALL employees / contract employees | | | | | |
| Complete Final General Ledger (GL) coded with Production Expenditure Form Codes | | | | | |
| Complete Final Vendor / Accounts Payable List | | | | | |
| List of ALL Employees / Contract Employees (cast, crew & extras) employed by the production. Include resident state. | | | | | |
| List of ALL Maryland Residents (cast, crew & extras) employed by the production | | | | | |
| List of ALL Maryland businesses that directly provided goods or services to the production | | | | | |
| while filming in Maryland (including ALL Petty Cash & P-Card payments). Include the | | | | | |
| company name & location (address, city & zip). | | | | | |
| List of ALL Loan Out Cos / Personal Sei Include their EIN and address of principal | | nnection with the project. | | | |
| Completed Maryland Film Office Produc | tion Expenditure Form | 1 | | | |
| ☐ Independent Auditor's Report & Signed | Engagement Letter | | | | |
| Final Production Schedule | Final Crew List | | | | |
| Copies of ALL Call Sheets | Final Contact List | | | | |
| Location Contact Sheet | Screen Actors' Gu | uild Minority Breakdown | | | |

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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 armslength.
- 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 | | | |
| Ву: | X Signature | (SEAL) | | |
| Name | Printed Name | Date: | (mm/dd/yyyy) | |
| Title: | | | | |

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.

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