

**Maryland Department of Commerce**  
**Maryland Film Production Activity Tax Credit**  
**APPLICATION FOR QUALIFICATION**  
**(Maryland Small Film)**

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

**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**

<b>Production Title:</b>

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

<b>Applicant's Legal Formation:</b>		
<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"/> Sole Proprietorship	
<input type="checkbox"/> Other:	<b>OR,</b> <input type="checkbox"/> Individual	
Number of full-time employees at the Company:		
Federal Tax ID Number:		
What is the Company's Tax Year:		

Is your Company dominant in its field of operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*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**

<b>Production Title:</b>

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

<b>Budget Information:</b>	
Total Projected Budget:	Projected MD Spend:
Pre-Production:	Maryland Pre-Prod:
Production:	Maryland Production:
Post-Production:	Maryland Post-Prod:
Estimated Total of <b>Authorized</b> Direct Costs in Maryland:	

<b>Anticipated Schedule:</b>						
	<b>Start Date</b>	<b>End Date</b>	<b>No. of Days</b>	<b>MD Start Date</b>	<b>MD End Date</b>	<b>No. of Days</b>
Prep / Pre-Production						
Principal Photography						
Additional 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:						

<b>Employment Information:</b>	
Production Crew:	
Estimate of total number of employees/contractors (resident & non-resident)	
Estimate of total number of employees/contractors (Maryland residents)	

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<b>Employment Information (continued):</b>	
Actors and Extras:	
Estimate of total number of employees/contractors (resident & non-resident)	
Estimate of total number of employees/contractors (Maryland residents)	
Total Projected Wages to be paid in Maryland:	

**Required Attachments and Information**

<b>Please attach the following documentation to your application.</b>	
<input type="checkbox"/> Copy of Organizational Documents	
<input type="checkbox"/> Copy of Maryland Good Standing Certificate	
<input type="checkbox"/> List of All Owners and their Percentage of Ownership	
<input type="checkbox"/> Evidence of Business in Maryland for at least three (3) months	
<input type="checkbox"/> Copy of Production Budget	
<input type="checkbox"/> Copy of Production Schedule	
<input type="checkbox"/> Copy of Script	
<input type="checkbox"/> Evidence of National Distribution	
<input type="checkbox"/> Proof of Financing	
<input type="checkbox"/> Insurance Certificates <b>[showing the Production Company as the insured]</b>	
<input type="checkbox"/> General Liability	<input type="checkbox"/> Excess Liability / Umbrella
<input type="checkbox"/> All Risk / Property	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Provide Company's Unemployment Insurance Account Number:	
<b>or, </b> <input type="checkbox"/> I am not required to carry worker's comp or unemployment insurance.	

**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 / Individual Name

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

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

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

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