NEW YORK STATE OF OPPORTUNITY. | Empire State Development

Load Application

NYS Independent Film Production Tax Credit Program Project Summary (Initial Application)

For additional information, refer to Guidelines on the NYS Independent Film Production Tax Credit Program website.

Project Title: *

SECTION 1: PRODUCTION GENERAL INFORMATION

1-1 Project Title:

1-2 Type of Production: -- Select -- -- Select --

☐ Check here if this production is a relocated series.

1-3 Independent Production Pool: * -- Select --

1-4 Production Plus: -- Select -- Threshold Level: -- Select --

1-5 Production Schedule:

	Start	End
a. Prep Start/End Date: *		
b. Principal Photography: *		
c. Additional Principal Photography/2nd Unit:		
d. Post Production: *		
e. Projected Release/Premiere:		n/a

SECTION 2: APPLICANT & PRODUCTION CONTACT INFORMATION

Applicant Contacts

2-1 Applicant (recipient of tax credit)

Note: if the applicant entity is an LLC, LP (partnership), an S corporation, or a C corporation, submit documentation that includes names, addresses, and last 4 digits of EIN or SSN of all members, partners, shareholders, or owners and their respective percentages.

Company: *

Address: *

City: * State:* -- Select -- Zip:*

2-1a Type: * -- Select -- EIN/SSN: * XX-XXXXXXX

2-1b State of Incorporation: * -- Select -- County if NYS: -- Select --

2-1c Application Year -- Select -- Application # -- Select --

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2-2 For Production Plus

If applicant entity is applying for Production Plus, state the Majority Owner of the Company and include documentation on its percentage ownership.

Majority Owner:

Majority Owner Percentage

2-3 Applicant's Primary Contact (authorized signer of this application)

First Name: * Last Name: *

Address: *

City: * State:* -- Select -- Zip:*

Phone: * Email:*

2-4 Applicant's Secondary Contact (Primary and secondary contacts cannot be the same person)

First Name: * Last Name: *

Address: *

City: * State:* -- Select -- Zip:*

Phone: * Email:*

2-5 Preparer of application

First Name: * Last Name: *

Address: *

City: * State: * -- Select -- Zip:*

Phone:* Email:*

Production Contacts

In Sections 2-6 through 2-12 below, list the primary production personnel who will be knowledgeable about the information provided on this application.

2-6 Producer

First Name:* Last Name:*
Address:
City: State: -- Select -- Zip:
Phone:* Email:*

2-7 Production Office

Address:
City: State: -- Select -- Zip:
Phone 1: Phone 2:

2-8 UPM

First Name: Last Name:
Email:
Office Phone: Mobile Phone:

2-9 Location Manager

First Name: Last Name:
Email:
Office Phone: Mobile Phone:

2-10 Production Accountant

First Name: Last Name:
Email:
Office Phone: Mobile Phone:

2-11 Publicity/PR Contact

First Name: Last Name:
Email:
Office Phone: Mobile Phone:

2-12 Payroll Service

Company:
Address:
City: State: -- Select -- Zip:
Phone: Email:

Additional Key Personnel (name only)

2-13
Executive Producer: First Name: Last Name:

2-14
Director: First Name: Last Name:

2-15
Lead Actor: First Name: Last Name:
Lead Actor: First Name: Last Name:
Lead Actor: First Name: Last Name:

2-16

Primary Studio Affiliation:
Distributors:

2-17

Primary Venue:*

SECTION 3: PRODUCTION DETAIL INFORMATION

3-1 NY Facility Threshold Calculation

From Budget Cost Qualifier: Summary Page

NY Facility Threshold Calculation	Amount	% Total
NYC LEVEL 1 Qualified Facility Costs*	$0	%0
NYC LEVEL 2 Qualified Facility Costs*	$0	0
NY STATE Qualified Facility Costs*	$0	%0
Qualified costs incurred at a non-QPF*	$0	%0
TOTAL Facility Costs	$0	%0

3-1a TOTALS

From Budget Cost Qualifier: Detail Page Grand Total

Note: Costs may be prorated to reflect where they were incurred. Upstate labor fields (F3/L3) and Upstate Costs fields (F4/L4) should only be used to isolate qualified costs incurred in specified upstate NY counties which are eligible for additional tax credit. Do not include labor costs eligible for additional credit in any field other than the Upstate Labor fields (F3/L3)

QUALIFIED IN NYS								NON-QUALIFIED	OUTSIDE NYS	
Qualified Facility				Location / Other						
NYC	NYS	Upstate Facility Labor	Upstate Facility Costs	NYC	NYS	Upstate Location Labor	Upstate Location Costs	NYS	Facility	Location / Other
F1	F2	F3	F4	L1	L2	L3	L4	XS	OF	OL

TOTALS		
TOTAL	TOTAL QUALIFIED	TOTAL NY SPEND
$	$	$

3-1b Maximum Credit: $

Note: Tax Credit Issued amount cannot exceed the credit amount allocated based upon initial estimated qualified costs. This Maximum Credit calculation includes additional credit for qualified costs for scoring, upstate labor, materials and services, if applicable. The Department will confirm if the applicant is eligible for additional credit for Production Plus (Section 2-1b).

3-1c Qualified Production Costs excluding qualified labor (not to exceed $60 million)
Qualified production costs (excluding labor costs):* $
Qualified labor costs:* $
Qualified Costs: $ 0

3-1d Qualified Scoring Costs (if eligible for additional credit): $

Production Facility Information

3-2 Primary New York City or New York State Qualified Production Facility
Enter the production facility name exactly as it is listed on the List of Qualified Stages (https://esd.ny.gov/soundstage-directory).
List the address of the specific soundstage being used, not the corporate address of the stage owner.

Facility Name:* -- Select --
Address:*
City:* State:* -- Select -- Zip:*
Phone:* Email:*

3-3 Primary New York Qualified Production Facility Schedule

	Start	End
a. Facility License/Operating Agreement start/end date:*		
b. Construction start/end date:*		
c. Stage shooting start/end date:*		
d. Stage wrap start/end date:*		

-- Select -- ***If you are shooting at MORE THAN ONE*** *NYC or NYS Qualified Production Facility, please select the number of additional facilities. You will be required to fill out information for each additional facility below.*

3-4 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 State or City, contact the NYS Film Tax Credit Department at (212) 803-2328 for instructions. Failure to disclose work at all facilities will be grounds for disqualifying this application.

3-5 Post Production Company

Company Name:
Address:
City: State: -- Select -- Zip:
Phone: Email:

-- Select -- *If you are using **MORE THAN ONE** NYC or NYS Post-Production Company, please select the number of additional companies. You will be required to fill out information for each additional company below.*

3-6 FACILITY Shoot Days

TOTAL number of PRINCIPAL PHOTOGRAPHY shoot days at the Qualified Production Facility*

TOTAL number of SECOND UNIT / OTHER shoot days at the Qualified Production Facility*

TOTAL number of shoot days at any NON Qualified production facility*

TOTAL number of ALL SHOOT DAYS at any production facility*

3-7 LOCATION Shoot Days

Enter the number of shoot days **ON LOCATION (i.e., NOT IN A PRODUCTION FACILITY)** for PRINCIPAL and SECOND UNIT/OTHER days for each County you plan to shoot in as indicated below.

☐ No Location Days

	Principal	2nd Unit		Principal	2nd Unit
Albany County			Niagara County		
Allegany County			Oneida County		
Bronx County			Onondaga County		
Broome County			Ontario County		
Cattaraugus County			Orange County		
Cayuga County			Orleans County		
Chautauqua County			Oswego County		
Chemung County			Otsego County		
Chenango County			Putnam County		
Clinton County			Queens County		
Columbia County			Rensselaer County		

Cortland County		
Delaware County		
Dutchess County		
Erie County		
Essex County		
Franklin County		
Fulton County		
Genesee County		
Greene County		
Hamilton County		
Herkimer County		
Jefferson County		
Kings County (Brooklyn)		
Lewis County		
Livingston County		
Madison County		
Monroe County		
Montgomery County		
Nassau County		
New York County (Manhattan)		
Richmond County (Staten Island)		
Rockland County		
Saint Lawrence County		
Saratoga County		
Schenectady County		
Schoharie County		
Schuyler County		
Seneca County		
Steuben County		
Suffolk County		
Sullivan County		
Tioga County		
Tompkins County		
Ulster County		
Warren County		
Washington County		
Wayne County		
Westchester County		
Wyoming County		
Yates County		

	Principal	2nd Unit
TOTAL Shoot Days NY State *		
Shoot Days OUTSIDE NYS		
% of PRINCIPAL LOCATION Days in NY STATE		

If you have more specific location info--place name, town, village, etc.--please indicate here

3-8 LEVEL 2 ONLY: Principal Photography Threshold

NOTE: IF this project is a LEVEL 1 production, DO NOT fill out this section.

	TOTAL number of PRINCIPAL PHOTOGRAPHY shoot days at the QUALIFIED PRODUCTION FACILITY
	TOTAL number of PRINCIPAL PHOTOGRAPHY shoot days ON LOCATION in New York State
	TOTAL number of PRINCIPAL PHOTOGRAPHY shoot days anywhere OUTSIDE New York State
	TOTAL number of all PRINCIPAL PHOTOGRAPHY shoot days
	% PRINCIPAL PHOTOGRAPHY in QPF

SECTION 4: NEW YORK EMPLOYMENT INFORMATION

4-1 *NOTE: Do not include information for **background actors** anywhere in Section 4-1; all employment information regarding background actors should be included in Section 4-2 ONLY.*

New York Production Employees are all employees assigned to work on the qualified film in New York (regardless of their personal residency).

NY Qualified Employees (regardless of personal residence) are those production/post production employees working in NYS whose wages are eligible for the tax credit according to the Schedule of Qualified Expenditures for the Film Production Credit.

Non Qualified NY Employees are those employees whose wages are not eligible for the tax credit according to the Schedule of Qualified Expenditures for the Film Production Credit.

Employees whose wages are partially qualified should be counted in the appropriate qualified employment category, and their wages split between the qualified and non-qualified categories.

	# of Employees	Wages/Comp
a. Above the Line NY Qualified Employees*		$
b. Below the Line NY Qualified Employees*		$
c. Post Production NY Qualified Employees*		$
d. NON Qualified NY Employees*		$
Subtotal NY Qualified Employees ONLY*		$
TOTAL ALL NY Employees*		$

4-2 Background Actors

Indicate the number of background actors (extras), number of man days, and total wages. "Number of hires" are the actual number of individual background actors hired. "Number of work days" are the total number of days which all background extras are scheduled to work. For example, if you have 20 background extras each working for 10 days, there are 20 hires and 200 total man days.

All NY background actors*	# hires	# work days	Wages
			$

SECTION 5: DIVERSITY PLAN

Refer to Guidelines on the website for instructions and information related to the diversity plan.

5-1 Hiring Goals *

Please complete the chart below committing to the following specific goals for diverse hiring and employment. The number reported in this section must meet or exceed the number of hires reported in Section 4-1 and 4-2 combined.

	Racial/Ethnic Diversity Goals	Gender Diversity Goals	Total Number of Employees
Entry Level	%	%	
Mid-Level	%	%	
Management	%	%	
Cast	%	%	
Extras	%	%	
TOTAL	%	%	

Or alternatively, the applicant may provide a detailed narrative desribing the applicant's specific goals for diverse hiring and employment, including the steps the applicant will take to achieve such goals.

Narrative diversity explanation: (materials may be attached)

In order to achieve these goals, the applicant agrees to (check boxes of all actions you plan to take):

- ☐ Interview and recruit diverse individuals for employment opportunities in all areas of employment.
- ☐ Make all hiring professionals aware of commitment to diversity by providing them with a copy of the Applicant's Diversity Plans.
- ☐ Request a list from Union representatives of diverse members and encourage hiring of those members.
- ☐ Encourage the use of diverse crew lists by all hiring professionals.
- ☐ Recruit using databases or services that are designed to increase diversity and equitable access within the workforce.
- ☐ Commit to gender pay parity within departments and across productions.
- ☐ Place advertisements for diverse workers that run for a minimum of five days in appropriate trade journals available in the employment region.
- ☐ Provide all department heads and supervisors copies of resources such as the New York State Division of Human Rights Guide to Racial Discrimination and Guide to Gender Identity Discrimination.
- ☐ Assess progress towards reaching goals after each production and discuss ways of improving process for future productions.
- ☐ Other (describe below):

5-2 Workforce development programs *

Explain whether and how the applicant plans to recruit from or participate in training and education programs designed to promote and encourage the training and hiring across the film and TV industry of New York residents who represent the diversity of the State's population.

Please provide contact information for any educational or training organizations the production plans to work with.

Add Contact

☐ Applicant chooses not to recruit from or participate in training, education, and recruitment programs designed to promote and encourage the training and hiring across the film and TV industry of New York residents who represent the diversity of the State's population.

5-3 Diverse ownership vendors *

The applicant agrees to prioritize hiring vendors that reflects the diversity of New York State.

In order to achieve these goals, the applicant agrees to (check boxes of all actions you plan to take):

- ☐ Recruit and hire Minority and Women owned vendors such as those certified by the Division of Minority and Women Owned Development at Empire State Development.
- ☐ Recruit and hire diverse vendors certified by other jurisdictions or third-party certifying entities.
- ☐ Recruit and hire diverse vendors from the Film & TV Diverse Supplier Directory maintained by the Governor's Office of Motion Picture and Television Development and/or company provided Diverse Supplier Directories.
- ☐ Make all individuals involved in procuring and selecting vendors aware of commitment to diversity by providing them with a copy of the Applicant's Diversity Plans.
- ☐ Provide all individuals involved in procuring and selecting vendors copies of the Film & TV Diverse Supplier Directory maintained by the Governor's Office of Motion Picture and Television Development and/or company provided Diverse Supplier Directories.
- ☐ Other (describe below):

SECTION 6: IMPACT OF THE INCENTIVE

Indicate the role that the New York State Independent Film Tax Credit program had in the Applicant's decision to undertake production activities in New York. (check all that apply):

- ☐ The Applicant was considering another jurisdiction for the production's base of operations;
- ☐ The tax credit was a material factor in the Applicant's decision to choose New York as the production's base of operations;
- ☐ The tax credit was essential to the Applicant's decision to undertake the production.
- ☐ None of the above

For Applicants intending to film in certain upstate counties where an additional 10% tax credit increase is available (check all that apply):

- ☐ The upstate tax credit increase was a material factor in the Applicant's decision to film in certain upstate locations;
- ☐ The upstate tax credit increase was a material factor in the Applicant's decision to choose Upstate NY as its base of operations.
- ☐ None of the above

Indicate any additional factors in the decision to undertake production activities in New York:

The Applicant chose New York for its production because of (check all that apply):

- ☐ Crew & Cast
- ☐ Film-Friendly Localities & Agencies
- ☐ Locations
- ☐ Soundstages & Infrastructure
- ☐ None of the above

SECTION 7: NY STATE REGISTERED VENDORS

By signing this section of the application, the Applicant certifies that the qualified production company named in this application will purchase taxable tangible property and services, defined as qualified production costs, only from companies registered to collect and remit New York State and local sales and use taxes.

☐ I attest that I have read and agree to comply with the above

SECTION 8: END CREDITS

By signing and submitting this application, an applicant for the State program agrees to:

- include in the end credits of the qualified film "Filmed with the Support of the New York State Governor's Office of Motion Picture & Television Development" along with the logo provided by the New York State Governor's Office of Motion Picture & Television Development;

NOTE: Logo must have heart in red and lettering in either black or white.

NOTE: Inclusion and documentation of the End Credits as specified above is a STATUTORY REQUIREMENT of the Film Production credit program. This is not discretionary. It is the responsibility of the Applicant to ensure that all components of the End Credit Requirements are included in the end credits of the qualified film.

Failure to comply with this requirement could result in this application being declared invalid in its entirety.

SECTION 9: REQUIRED ATTACHMENTS

• Budget Cost Qualifier
• Production Budget (including post)
• Employment Practices Form
• Project Description
• Documentation stating ownership of applicant entity (if applying as an LLC, LP, an S corporation, or a C corporation).
• Documentation of Majority Ownership

FOIL Protection: -- Select One --

FREEDOM OF INFORMATION LAW (FOIL)

Applications to the State, including their accompanying documents, are subject to the Freedom of Information Law (FOIL) found in Article 6 of the N.Y. Public Officer Law. FOIL provides that certain records are exempt from disclosure, including those that contain (1) trade secrets, (2) information that, if disclosed, would cause substantial injury to the competitive position of your organization, or (3) critical infrastructure information. Please identify the documents that comprise your application you believe contain information that should be exempted from disclosure by selecting the appropriate boxes below.

Film Production Credit

Initial Application

- [ ] Project Summary - Initial
- [ ] Budget Cost Qualifier
- [ ] Production Budget (including post)
- [ ] Employment Practices Form
- [ ] Project Description
- [ ] Documentation stating ownership of applicant entity (if applying as an LLC, LP, an S corporation, or a C corporation).
- [ ] Documentation of Majority Ownership

For each selected document above, please provide the specific information within the document that you believe should be exempted from disclosure and a justification as to why the information should be exempted. **Blanket assertions that information is a trade secret, confidential, or proprietary are insufficient to justify withholding information under FOIL.** The identified information will be reviewed and a determination will be made as to whether the information is exempt from disclosure under FOIL. The State's determination may be appealed pursuant to POL §89(5)(c).

Justification:

SECTION 10: NYS ECONOMIC ASSISTANCE

Has the applicant entity applied for and/or received New York State economic assistance for this project? Economic assistance means monetary assistance in the form of a grant or other non-reimbursable assistance from any New York State governmental agency separate from the New York State Film Tax Credit Program.

-- Select --

SECTION 11: SIGNATURE

The signature below must be provided by the corporate officer, general partner, managing member, or sole proprietor of the applicant seeking the Independent Film Production tax credit. 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 independent 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.

Authorized signature:*

Title:*

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