

FILM CREDIT APPLICATION FORM
GEORGIA DEPARTMENT OF REVENUE
(Applications Submitted Commencing October 1, 2015)

Date: _____

Applicant Name: _____ FEIN _____ - _____
Reporting Parent (If Applicable) _____ FEIN _____ - _____

Address _____

City, State, Zip _____

Contact Name and Phone Number: _____

NAME OF PRODUCTION: _____

TYPE OF PRODUCTION: _____

Date of Production work in Georgia: _____ From _____ To _____

Amount of Qualified Production Costs _____

Copy of Certification Letter Attached _____ Yes _____ No

Records maintained at: _____ address
_____ city, state, zip

Audit Contact Person: _____ **Telephone Number** _____

Records format:

Hardcopies _____
Electronic _____
Both _____
Other (explain) _____

| | | |
|-------------------------------|------------------------------------|---------------------|
| Fee: Production Costs: | \$ 500,000 to \$ 1,000,000 | \$ 5,000 Fee |
| | \$1,000,000 to \$ 5,000,000 | \$10,000 Fee |
| | \$5,000,000 to \$10,000,000 | \$20,000 Fee |
| | In Excess of \$10,000,000 | \$25,000 Fee |

Amount Enclosed _____

Application and fees are to be sent to the address listed below:

Georgia Department of Revenue
1800 Century Blvd NE
Suite 18100
Atlanta, GA 30345
Attn: Compliance Division – Film Credit Application Review