

VOLUNTARY FILM TAX CREDIT AUDIT APPLICATION  
GEORGIA DEPARTMENT OF REVENUE

Revised 12/1/2018

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ FEIN \_\_\_\_\_ - \_\_\_\_\_

Reporting Parent (If Applicable) \_\_\_\_\_ FEIN \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Name and Phone Number \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

**NAME OF PRODUCTION** \_\_\_\_\_

**TYPE OF PRODUCTION** \_\_\_\_\_

Date of Production Work in Georgia: From \_\_\_\_\_ To \_\_\_\_\_

Amount of Qualified Production Costs \_\_\_\_\_

**Location of Records: Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Audit Contact Name and Phone Number** \_\_\_\_\_

**Audit Contact E-mail Address** \_\_\_\_\_

Records format:

Hardcopies \_\_\_\_\_  
Electronic \_\_\_\_\_  
Both \_\_\_\_\_  
Other (explain) \_\_\_\_\_

<b>Fee: Production Costs:</b>	<b>\$ 500,000 to \$ 1,000,000</b>	<b>\$ 5,000 Fee</b>
	<b>\$1,000,000 to \$ 5,000,000</b>	<b>\$10,000 Fee</b>
	<b>\$5,000,000 to \$10,000,000</b>	<b>\$20,000 Fee</b>
	<b>In Excess of \$10,000,000</b>	<b>\$25,000 Fee</b>

**Amount Enclosed** \_\_\_\_\_

Send this application, with payment for the fee and a copy of the approved certification letter from the Georgia Department of Economic Development, to the address listed below:

Georgia Department of Revenue  
1800 Century Blvd NE, Suite 7200  
Atlanta, GA 30345  
Attn: Audits Division – Film Tax Credit Audit Application