

Return all applications and attachments to:

Motion Picture Production Tax Incentives Program  
Arizona Department of Commerce  
1700 W. Washington, Suite 600  
Phoenix, AZ 85007

Questions regarding Motion Picture Production  
Tax Incentives can be directed to  
[motionpicture@azcommerce.com](mailto:motionpicture@azcommerce.com)

**Arizona Department of Commerce  
Motion Picture Production Tax Incentives Program**

**INITIAL APPLICATION FOR PRE-APPROVAL FOR A  
MOTION PICTURE PRODUCTION COMPANY  
2006 Calendar Year Cap**

(For tax incentives under A.R.S. § 41-1517)

**Section A. Company Information**

Company Name	_____	FEI Number	_____
AZ Physical Address	_____	City, State & Zip	_____
Mailing Address	_____	City, State & Zip	_____
Financial Contact Name	_____	Contact Phone	_____
Email Address	_____	Contact Fax	_____
Website Address	_____		

**Section B. Motion Picture Production Tax Incentives**

Please indicate which of the following incentives the company intends to pursue.

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Transaction privilege tax exemption on tangible personal property?           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Transaction privilege tax exemption on the lease or rental of lodging space? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Transaction privilege tax exemption on catered food, drink and condiments?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Transaction privilege tax exemption on a construction contract?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Use tax exemption on tangible personal property?                             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Income tax credits?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**Section C. Production List**

Is this initial application based on  a single production or  an aggregated group of productions?

Please list each production. (Use an attachment if more space is needed.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Commerce Use Only	
Priority Placement #	_____
Pre-Approval Type	_____
Effective Date	_____

**Section D. Production Information**

To be eligible for Motion Picture Production Tax Incentives a company must anticipate spending at least \$250,000 in qualifying Arizona production costs in each twelve-month period. **If the company has multiple productions at the time of initial application and chooses to apply as an aggregated group, Section D of this form must be completed for each production.** Upon completion of production the company must submit a Completion Report to Commerce in which it attests to being primarily engaged in producing motion pictures. In addition, the company must certify and submit evidence that the requirements of A.R.S. § 41-1517 were met. **If a company doesn't meet the program requirements during all pre-approval periods, the company's pre-approval(s) will be revoked.** Then Commerce will notify the Arizona Department of Revenue of the company's ineligibility, which initiates denial and recapture of incentives for all pre-approval periods. See Program Guidelines for definitions.

Company Name: \_\_\_\_\_

Name of the motion picture production: \_\_\_\_\_

Type of production: (Check only one.)

Feature Film  Documentary  Still Photography  Pilot  Presentation

Made for TV  Direct to Video  Music Video  Broadcast (newscast or sportscast)

Still Photography  TV Series  Commercial Advertisement

(Note: a separate Section D must be completed for each TV episode, still photography shoot and commercial advertisement.)

Other: \_\_\_\_\_

Name of the proposed director: \_\_\_\_\_

Name of the proposed producer: \_\_\_\_\_

Location of pre-production: \_\_\_\_\_

Location of principal-production: \_\_\_\_\_

Location of post-production: \_\_\_\_\_

Proposed Arizona location for production: \_\_\_\_\_

What is the estimated pre-production total budget? \$ \_\_\_\_\_

What is the estimated principal-production total budget? \$ \_\_\_\_\_

What is the estimated post-production total budget? \$ \_\_\_\_\_

What is estimated total budget of the production? \$ \_\_\_\_\_

**Total estimated expenditures in Arizona for the motion picture production?** \$ \_\_\_\_\_

What is the estimated total percentage of production expenditures taking place in Arizona? \_\_\_\_\_ %

Please state the number of full-time employees working on the production(s). \_\_\_\_\_

Please estimate the percentage of full-time employees working on the production who are Arizona residents. (Must be at least 25% to qualify for 2006 calendar year cap) \_\_\_\_\_ %

What is the projected start date in Arizona? (Month, Day, Year) \_\_\_\_\_ What is the projected last production date in Arizona? (Month, Day, Year) \_\_\_\_\_

What is the projected release date? (Month, Day, Year) \_\_\_\_\_

Please provide a brief summary of the motion picture production. (Use an attachment if more space is needed.)

\_\_\_\_\_  
\_\_\_\_\_

Is the production intended for  commercial distribution or  licensing in the delivery medium used? \_\_\_\_\_

**Attach a copy of the script, including synopsis, for the motion picture production. (Required)**

**Attach a preliminary list of the cast and crew of the motion picture production. (Required)**

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**Section E. Supporting Information**

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Is the company primarily engaged in the business of producing motion pictures?  Yes  No

Name of Arizona banking institution: \_\_\_\_\_

Arizona bank account number: \_\_\_\_\_

**Attach a voided check to document the Arizona bank account. (Required)**

What was the Arizona gross payroll (excluding benefits) for full-time employees in the past year? \$ \_\_\_\_\_

What was the Arizona average hourly wage paid to full-time employees in the past year? \$ \_\_\_\_\_

Does the company pay for health insurance premiums or membership fees for full-time employees?  Yes  No

If yes, what percentage does the company pay? \_\_\_\_\_ %

If the company made an investment in fixed assets during the previous twelve-months in anticipation of this production(s), please complete the following:

Land	\$	_____
Building	\$	_____
Equipment/Machinery	\$	_____
Total	\$	_____

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**Section F. Affidavit**

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As an officer of the company, I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge after a reasonable investigation of the facts and that the company:

- Qualifies as a Motion Picture Production Company as described in A.R.S. §41-1517;
- Assures the production(s) is not obscene, does not depict sexual activity or sexually exploit a minor as established under A.R.S §41-1517(E);
- Shall allow inspections and audits by the Arizona Department of Commerce as are reasonably necessary to verify the accuracy of the submitted information;
- Authorizes Commerce and Revenue to adjust, terminate or recapture all or part of the tax incentives for noncompliance with program requirements;
- Agrees to furnish records of Arizona expenditures to Commerce and Revenue on request;
- Agrees to submit a Re-qualification Application to ADOC, prior to expiration of the current qualification in order to maintain eligibility if the production(s) extends beyond the initial pre-approval period;
- Agrees to submit a Completion Report to ADOC, within 30 days of completion of the productions as shown in the initial application including Calculation of Arizona Residency Forms 1 & 2 and a report of expenditures;
- Must apply for an exemption certificate from the Arizona Department of Revenue to receive the transaction privilege tax or use tax exemptions;
- Shall use the personal property purchased free of transaction privilege tax or use tax directly in the motion picture production;
- Will use buildings and structures purchased free of transaction privilege tax in association with the motion picture production; and
- Agrees to notify its prime contractor for construction projects to apply to the Arizona Department of Revenue for a Letter of Qualification, prior to beginning work under the contract.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date