



EXPENDITURE SUMMARY REPORT

Non-Independent Productions

TITLE

Copyright # _____

| CFC Use Only: | | |
|----------------|-------|--------------|
| DATE RECEIVED: | | |
| QUEUE # | CAL # | FISCAL YEAR: |
| CATEGORY: | | |

PHASE 4

Section 1: APPLICANT INFORMATION

| | | | |
|--|-------------|----------------|------|
| Applicant Entity | | Taxpayer ID: | |
| Contact Name | | Contact Title: | |
| Address: | | | |
| City: | | State: | Zip: |
| Country: | Email: | | |
| Phone: | Cell Phone: | Fax: | |
| Parent Company, if applicable <input type="checkbox"/> Check here if same as Applicant; | | | |
| Name: | | Title: | |
| Company Name: | | | |
| Address | | | |
| City: | | State: | Zip: |
| Country: | Email: | | |
| Phone: | Cell phone: | Fax: | |

Section 2: CONTACT INFORMATION

| A. Payroll Service | |
|--|---------------------|
| Company Name: | Paymaster: |
| Address | |
| Email: | Phone: |
| B. Distributor - Domestic or International | |
| Company Name: | Contact |
| Email: | Phone: |
| C. Agreed Upon Procedures - CPA Firm Information | |
| CPA Firm: | |
| CPA: | License or Permit # |
| Address | |
| Email: | Phone: |

Section 3: PROJECT INFORMATION

A. Type of Production

- Feature Film (Theatrical)
 Feature Film - Direct to DVD / VOD
 Movie of the Week
 Mini-Series
 Returning TV Series
 Pilot
 New TV Series
 Check this box if TV pilot was initially accepted in the program.
 # of episodes this season
 Over 40 minutes running time, exclusive of commercials.

B. Production Schedule

| | | | |
|--------------------------------------|--|------------------------------------|--|
| Start Date of Pre-Production: | | End Date of Principal Photography: | |
| Start Date of Principal Photography: | | End Date of Post-Production: | |
| Projected or Actual Release Date: | | | |

Section 4: PRODUCTION SHOOT DAYS AND LOCATION

A. Principal Photography (PP) Days

| | | | |
|---|---------|--|---------|
| a. Total PP days in Los Angeles zone: | | f. Total PP days: | 0 |
| b. Total PP days outside LA zone (in CA): | | g. Total % CA PP days (c ÷ f x 100): | #DIV/0! |
| c. Total CA PP days: | 0 | h. Estimated total CA 2nd unit / stunt / VFX days: | |
| d. Total % PP outside LA Zone: | #DIV/0! | i. Total PP facility days: | |
| e. Total non-CA PP days: | | j. Total % PP facility days: | #DIV/0! |

B. If shot outside of LA zone, indicate CA counties:

C. If shot outside the State, state(s) or country(s):

Section 5: PRODUCTION STATISTICS

A. Labor Statistics for In-State Work

| | | | |
|----------------------------------|--|---|--|
| Total # of Cast Members: | | Total Extras / Stand-ins Man-Days**: | |
| Total Cast Man-Days**: | | Total # of Qualified & Non-Qualified CA Residents: | |
| Total # of "Base" Crew Members*: | | Total # of Qualified & Non-Qualified Non-residents: | |
| Total Crew Man-Days**: | | Total # of CA Vendors: | |

* Base crew is the average number of staff and shooting crew employed per day.

** The sum of the number of days, full or partial, a person is estimated to work.

B. California Income Taxes Withheld

Total state income taxes withheld on qualified AND non-qualified wages:

C. Total Production Spend

Total California Expenditures (Qualified & Non-Qualified):

C. Visual Effects

| | | | |
|----------------------------------|--|---------------------------|--|
| Total Worldwide VFX Expenditures | | Total CA VFX Expenditures | |
|----------------------------------|--|---------------------------|--|

Non-Independent Productions

D. Employment Diversity Information

Note: Complete the information for cast and crew (do not include extras) to the extent possible and based only upon information provided by the individual cast and crew members in their payroll start information.

| | # of Hires | | # of Days Worked | |
|------------------------|------------|--------|------------------|--------|
| | Male | Female | Male | Female |
| Asian Pacific | | | | |
| Black | | | | |
| Caucasian | | | | |
| Latino / Hispanic | | | | |
| Native American Indian | | | | |
| Unknown / Other | | | | |
| TOTAL | 0 | 0 | 0 | 0 |

Section 6: Jobs Ratio

Please input original Jobs Ratio from application and actual spend Jobs Ratio as per the CPA performing the AUP.

| | | | | |
|-----------------------------|------------------------------|------------------------------------|---------------------|------------------------------------|
| Jobs Ratio from Application | Jobs Ratio from Actual Spend | Percent Decrease #DIV/0! | <i>Differential</i> | Percent Increase #DIV/0! |
|-----------------------------|------------------------------|------------------------------------|---------------------|------------------------------------|

Section 7: CREDIT ALLOCATION

| | |
|--|--------------------|
| Total Qualified Wages | |
| Total Qualified Non-Wages | |
| Total Completion Bond Fee no more than 2% of Qualified Expenditures: | 0 |
| Total Qualified Expenditures | #VALUE! |
| Total Credit (20%) | 20% #VALUE! |
| Total Uplifts (If Applicable) | |
| Tax Credit Amount | #VALUE! |

Section 8: FINAL CREDIT AND SIGNATURE CERTIFICATION

FINAL TAX CREDIT ALLOCATION

Note: Credit allocation applies only to the first \$100 million of qualified expenditures for non-independents.

Credit Allocation Letter Amount:

Total Adjusted Credit Allocation:

#VALUE!

Adjustment for Overstatement:
If Applicable

#DIV/0!

FINAL CREDIT AMOUNT:

=

#VALUE!

Section 10: CERTIFICATION

By typing in the applicant's name in the designated box on the Expenditure Summary Report, such action is the applicant's acknowledgement, agreement, and certification that the applicant has read and reviewed the application, including all its attachments and that the content provided in the Expenditure Summary Report by the applicant is true and accurate to the best of his or her knowledge or at least the knowledge of what would be expected of a reasonable person in the same capacity.

Applicant's Name

Applicant's Title

Date