



# EXPENDITURE SUMMARY REPORT

## Non-Independent Productions

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

Copyright # \_\_\_\_\_

### 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		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 #:
Address:	
Email:	Phone:

### Section 3: PROJECT INFORMATION

#### A. Type of Production

Feature Film (Theatrical)

Mini-Series

Feature Film - Direct to DVD / VOD

New TV Series

Movie of the Week

Returning TV Series

Pilot

Relocating TV Series

Check this box if TV pilot was initially accepted in the program.

# of episodes this season

#### B. Production Schedule

Start Date of Pre-Production:		Start Date of Principal Photography:	
Hiatus Start Date (if applicable):		Hiatus End Date (if applicable):	
End Date of Principal Photography:		End Date of Post-Production: (Final Element creation date)	
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:	
b. Total PP days outside LA zone (in CA):		g. Total % CA PP days (c ÷ f x 100):	
c. Total CA PP days:		h. Estimated total CA 2nd unit / stunt / VFX days:	
d. Total % PP outside LA Zone:		i. Total PP facility days:	
e. Total non-CA PP days:		j. Total % PP facility days:	

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 CA Residents:	
Total # of "Base" Crew Members*:		Total # of 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>B. California Income Taxes Withheld</b>		<b>C. Total Production Spend</b>	
Total state income taxes withheld (Qualified & Non-Qualified Wages):		Total California Expenditures (Qualified & Non-Qualified):	

<b>D. Worldwide Visual Effects</b>		<b>E. CA Visual Effects</b>	
Total Worldwide VFX Expenditures		Total CA VFX Expenditures	

## Non-Independent Productions

### F. 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				
<b>TOTAL</b>				

### Section 6: JOBS RATIO

Please input Jobs Ratio from Credit Allocation Letter and verified spend Jobs Ratio as per the CPA performing the AUP.

Jobs Ratio from CAL	Jobs Ratio from Verified Spend	Percent Decrease	<i>Differential</i>	Percent Increase

### Section 7: CREDIT ALLOCATION

Total Qualified Wages	
Total Qualified Non-Wages	
Total Completion Bond Fee no more than 2% of Qualified Expenditures:	
<b>Total Qualified Expenditures</b>	
<b>Total Credit: 20%</b> Relocating TV 1st Season in CA: 25%	
Total Uplifts (If Applicable)	
<b>Total Adjusted Credit Amount</b>	

Total Adjusted Credit Amount w/Overstatement Adjustment Reduction (If Applicable):

## Section 8: FINAL CREDIT

### 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 Amount: \_\_\_\_\_

Adjustment for Overstatement  
(If Applicable): \_\_\_\_\_

**FINAL CREDIT AMOUNT:**

## Section 9: SIGNATURE 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