

**MOTION PICTURE PRODUCTION TAX CREDIT
INFORMATION REQUEST FORM**

For current calendar or taxable year beginning _____ and ending _____

Send the following information directly to:

**Rhode Island Film & TV Office
One Capitol Hill, 3rd Floor
Providence, Rhode Island 02908
401-222-3456**

Motion Picture Production Company Name: _____

Federal Employer Identification No. (FEIN): _____

Name of production: _____

Production company representative: _____

Telephone: _____ E-mail address: _____

1. Total (anticipated/final) Rhode Island motion picture production budget: \$ _____

2. Total (anticipated/final) Rhode Island tax credit received: \$ _____

3. Number of (anticipated/final) Rhode Island jobs created: _____

4. Total (anticipated/final) Rhode Island wages paid: \$ _____

5. (Anticipated/final) Rhode Island wages or salaries of \$1,000,000 or more paid to any one individual included in the total Rhode Island wages paid:

\$ _____ and # of individuals: _____

6. Other (anticipated/final) wages paid: \$ _____ and # of individuals: _____

7. Number of (anticipated/final) full-time jobs created within Rhode Island: _____

8. Full-time (anticipated/final) job wage rate or salary paid: \$ _____

9. (Anticipated/final) type of health benefits provided to full-time employees: _____

10. Number of (anticipated/final) part-time jobs created within Rhode Island: _____

11. Part-time (anticipated/final) job wage rate or salary paid: \$ _____

12. (Anticipated/final) type of health benefits provided to part-time employees: _____

13. (Anticipated/final) film production geographic locations within Rhode Island (city/town): _____
