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): ______________
    _______________________________________________________________________________________
    _______________________________________________________________________________________