



RHODE ISLAND FILM & TV MOTION PICTURE PRODUCTION TAX CREDIT

[Identification Number (Office Use Only) _____]

- (please check one)*

Name				
Address		City	State	Zip Code Country
Contact Person		Title	Telephone Number	

Address	City	Zip Code	Effective Date
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Federal Taxpayer Identification Number: _____

Rhode Island Banking Institution:

Name

Address City Zip Code

Contact Person Title Telephone Number

Location of Soundstage, if applicable:

Address City State Zip Code Country

Brief Background of Company/Companies Involved in Production: _____

Brief Story Synopsis: _____

Total Rhode Island Production Budget: _____

Start Date: _____

Completion Date: _____

Number of principal and ongoing photography days in Rhode Island or, for live theatrical productions, length of theatrical run: _____

Number of principal and ongoing photography days outside of Rhode Island: _____

Anticipated Amount of Motion Picture Tax Credit: _____

“ABOVE THE LINE” PERSONNEL

Name: _____

Credits: _____

Name: _____

Credits: _____

Name: _____

Credits: _____

INTERNSHIPS

Briefly describe or attach additional information on your participation in internship programs offered by the State of Rhode Island, Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:

Number of Interns: _____

TRAINING PROGRAMS

Briefly describe or attach additional information on your participation in training programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry:

Number of Training Program Participants: _____

DIVERSITY PROGRAMS

Briefly describe or attach additional information on your participation in diversity programs offered by Rhode Island colleges, universities, labor organizations and non-profit organizations associated with the motion picture industry designed to promote and encourage training and hiring of Rhode Island residents who represent the diversity of the Rhode Island population:

Number of Minorities Hired: _____

Total Number of Rhode Island Residents Hired: _____

REQUIRED DOCUMENTATION (PLEASE ATTACH)

- ☐ Secretary of State Articles of Corporation
- ☐ Letter of Good Standing from Rhode Island Division of Taxation
- ☐ Certificate of Disclosure of Corporation or LLC
- ☐ Final Screenplay
- ☐ Letter of Intent of Viable Distribution signed by a major theatrical exhibitor or television network or cable station
- ☐ Calendar of days each "above the line" personnel (i.e.; Director, Producers, Writers and Featured Actors) of the production arrived, performed work in and departed Rhode Island
- ☐ Daily Production Schedule
- ☐ Cost Report (*example under All Forms at www.film.ri.gov*)
- ☐ Detailed RI Budget
- ☐ Accountant's Certification of Cost Report
- ☐ Production Tax Credit Information Request Form
- ☐ Diversity Tracking Chart (*example under All Forms at www.film.ri.gov*)
- ☐ 2 DVD's of the finished product (to the Film Office only).

By signing below, I/we understand that, along with this completed document and required documentation, in compliance with the Rules and Regulations, I/we must provide screen credit to the Rhode Island Film & Television Office using the exact language and logo as follows:

***With grateful acknowledgement to the State of Rhode Island and
Steven Feinberg, the Rhode Island Film & Television Office***



The Rules and Regulations definition of screen credit is as follows: "Screen Credit' means a Motion Picture company engaged in a State Certified Production shall accord the State of Rhode Island, The Rhode Island Film & Television Office, along with the approved name and title of the Film Office Director, at the Film Office Director's sole discretion, a credit on screen "With grateful acknowledgement to" in the end titles of the Motion Picture with all other characteristics (including, without limitation, size, form, placement and duration) of such credit that equal to end credit of principal actor."

I/we also understand that I/we must provide the Rhode Island Film & Television Office two (2) DVD's of the finished production (theatrical productions exempt).

Under penalty of perjury, I/we declare that I/we have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me/us to legal penalties.

Production Company: _____

Signature of Authorized Agent

Print Name of Authorized Agent

Title of Authorized Agent

Date

**IF THE INFORMATION PROVIDED HEREIN SHOULD BE CONSIDERED CONFIDENTIAL
AND EXEMPT FROM PUBLIC DISCLOSURE PURSUANT TO RIGL §38-2-2(4)(B), PLEASE
CHECK AND INITIAL HERE ☐ _____**

Please submit Final Application and documentation to:

Steven Feinberg, Executive Director
Rhode Island Film & Television Office
One Capitol Hill, 3rd Floor
Providence, RI 02908

and

Donna Dube, Principal Revenue Agent
Rhode Island Division of Taxation
One Capitol Hill, 1st Floor
Providence, RI 02908