



# EXPENDITURE SUMMARY REPORT

## Independent Productions

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

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

### PHASE 4

#### Section 1: APPLICANT INFORMATION

Applicant Entity or Individual:		Taxpayer ID:	
Name:		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:
Email:		Phone:

##### B. Distributor - Domestic or International

Company Name:		Contact:
Email:		Phone:

##### C. Agreed Upon Procedures - CPA Firm Information

CPA Firm:	
CPA:	License #:
Address:	

**Section 3: PROJECT INFORMATION**

**A. Type of Production**

Feature Film (Theatrical)	Movie of the Week
Feature Film - Direct to DVD / VOD	Mini-Series
New TV Series	Returning TV Series
	# 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	
Projected or Actual Release Date:		(Final Element creation 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. California Income Taxes Withheld**

Total state income taxes withheld (Qualified & Non-Qualified Wages):	
----------------------------------------------------------------------	--

**C. Total Production Spend**

Total California Expenditures (Qualified & Non-Qualified):	
------------------------------------------------------------	--

**D. Worldwide Visual Effects**

Total Worldwide VFX Expenditures	
----------------------------------	--

**E. CA Visual Effects**

Total CA VFX Expenditures	
---------------------------	--

**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				
TOTAL				

**Section 6: JOBS RATIO**

Please input Jobs Ratio 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	Differential	Percent Increase

**Section 7: ESTIMATED 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 Amount (25%)</b>	
----------------------------------	--

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

**Section 8: FINAL CREDIT**

**FINAL TAX CREDIT ALLOCATION**  
 Note: Credit allocation applies only to the first \$10 million of qualified expenditures for independents.

Credit Allocation Letter Amount: \_\_\_\_\_

Total Credit Amount: \_\_\_\_\_

Adjusted Credit Due to 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