

For OED Film Office Use Only  
 Production Project Number: \_\_\_\_\_

STATE OF ALASKA  
 OFFICE OF ECONOMIC DEVELOPMENT  
**ALASKA FILM OFFICE**  
 550 West 7th Avenue, Suite 1770  
 Anchorage, AK 99501  
 Phone: 907-269-8190 • Fax: 907-269-8125

**ALASKA FILM PRODUCTION TAX CREDIT  
 PRE-QUALIFICATION FORM**

**APPLICANT INFORMATION**

Name of Production Company (Applicant)		Employer Identification Number	
Doing Business As (if Applicable)		Web Site	
Address		City/State/Zip Code	
Applicant Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Partnership			
Designated production company representative	Telephone	Fax	Email

**PRODUCTION INFORMATION**

Name of production		Expected release or premiere date	
Type of production <input type="checkbox"/> Feature film <input type="checkbox"/> Documentary <input type="checkbox"/> Other (identify below) <input type="checkbox"/> Television series <input type="checkbox"/> Commercial/advertisement			
Estimated Production Schedule	Alaska		
	Start Date	End Date	
Pre-production			
Production			
Post Production			
Total Budget	Estimated Alaska Expenditures		
Projected Number of Alaska Hires (full time equivalent)		Projected Number of Non-Alaska Hires (full time equivalent)	
First date of principal photography to occur in Alaska (month/Year)		Estimated number of days of principal photography in Alaska	
Identify projected communities in Alaska where you expect to incur expenditures for services, purchase real property or purchase/lease/rent tangible property from an Alaska business (3 AAC 188.040)(f).			

<b>List the full names of the key personnel associated with this production:</b>	
<b>Director</b>	<b>Production Coordinator</b>
<b>Executive Producer</b>	<b>Location Manager</b>
<b>Producer(s)</b>	<b>Principal Actors</b>
<b>Director of Photography</b>	<b>Production Design/Art Director</b>
<b>Has financing been completed for this project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Has financing been authorized</b> by the entity financing this production project? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PROJECTED PRODUCTION CREDIT**

List your expected expenses (minimum of \$100,000 over a consecutive 24-month period) for this Alaska project below. Include only your estimated costs for expenditures that will be incurred in Alaska. Attach separate sheet if necessary.

1	Wages and salaries (include amounts from 1a and 1b)	\$	
	1(a) paid to Alaska residents	\$	
	1(b) paid to non-Alaska residents	\$	
2	Transportation (in Alaska)	\$	
3	Interstate transportation and shipping costs to and from Alaska (count 50%)		
4	Location fees and cost of rental or purchased facilities and equipment	\$	
5	Services	\$	
6	Food and Lodging	\$	
7	Other Alaska production expenses (attach detailed budget)	\$	
8	Total Alaska production expenses. Add lines 1-7		\$
9	Production credit. <u>Multiply line 8 by 30%.</u>	x .30	\$

**PROJECTED ALASKA WAGES CREDIT**

10	Projected Alaska wages credit. <u>Multiply line 1(a) by 10%.</u>	x .10	\$
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**PROJECTED SEASONAL CREDIT**

11	Total estimated expenditures from line 8 that will be incurred between October 1 and March 30 of the qualifying production period.		\$
12	Seasonal credit. <u>Multiply line 11 by 2%.</u>	x .02	\$

**PROJECTED RURAL CREDIT**

13	Total expenses from line 8 that are expected to qualify for rural credit.		\$
14	Rural credit. <u>Multiply line 13 by 2%.</u>	x .02	\$

**PROJECTED TOTAL CREDITS**

15	Add lines 9, 10, 12, 14.		\$
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<b>AGREEMENTS</b>		

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I hereby agree to allow representatives of the Alaska Film Office access to applicable records as may be necessary for the administration of this program.
- I certify, under penalties of unsworn falsification, that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.
- I certify that the production is not an ineligible project as defined in AS 44.33.233(c).

<b>Applicant Representative Printed Name</b>	<b>Date</b>
<b>Applicant Representative Signature</b>	<b>Date</b>

Send application and related documents to:  
 Alaska Film Office  
 550 West 7th Avenue, Suite 1770  
 Anchorage, AK 99501

<b>APPLICANT CHECKLIST (to be included with application)</b>
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- Script/Storyboard
- Distribution Plan
- Detailed budget clearly identifying expenditures to be made in Alaska, wages to Alaska residents, estimated dates of expenditures, and estimated location of expenditures (if applicant wishes to apply for rural tax credits).

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Qualifying Period	Start Date	End Date
Film Office Representative (printed)	Signature	Date
OED Representative (printed)	Signature	Date