

**REIMBURSEMENT AFFIDAVIT TO ACCOMPANY
MN IRON RANGE FILM & TV PRODUCTION INCENTIVE EXPENDITURE REPORT**

I, _____ (herein after "Affiant") being duly sworn, hereby state as follows on behalf of the Production

Company named below:

1. Affiant is an employee and/or owner of the Production Company named _____ (List Full Legal Name of the Production Company).
2. My title is _____, and I am authorized to execute this Affidavit on behalf of the Production Company.

This affidavit is submitted in conjunction with the "MN Iron Range Film & TV Production Incentive Expenditure Report" in which the Production Company is listing expenses for:

- Personnel as a qualifying expenditure;
- Food and/or catering qualifying expenditures

I represent and affirm to the best of my knowledge that:

- All expenditures for personnel for whom expenses are listed in the "MN Iron Range Film & TV Production Incentive Expenditure Report" are residents of the Iron Range Service Area;
- The Production Company has on file a copy of a valid Minnesota driver's license, ID Card, voter registration card, or equivalent document for each of their personnel listed on the "MN Iron Range Film & TV Production Incentive Expenditure Report;"
- No portion of the submitted food and/or catering expense was to pay for alcoholic beverages;
- Per diems included in this report are paid to workers for days spent in the Iron Range Service Area only; and
- All Iron Range Service Area production crew, actors and vendors have received payment for the work completed within the certification period and submitted through this "MN Iron Range Film & TV Production Incentive Expenditure Report."

On behalf of the Production Company, affiant acknowledges and understands that all MN Iron Range Film & TV Production Incentive Reimbursement funds received by Production Company are considered taxable income and must be treated accordingly.

On behalf of the Production Company, affiant understands and agrees to the MN Iron Range Film & TV Production Incentive Terms and Conditions and represents and warrants that all applicable criteria and standards of eligibility are satisfied.

Affiant Signature

STATE OF _____)

ss.

COUNTY OF _____)

Signed, sworn to, and acknowledged before me by _____, this _____ day of _____, 20____.

Notary Stamp or Seal

Signature of Notary Public