

| ENTITY# | PROJECT # | QUEUE # |
|---------|-----------|---------|
|         |           |         |

PRODUCTION COMPANY NAME

PRODUCTION ENTITY TYPE

(eg. INC, LLC, LP, LLP, LLLP)

NAME OF PRODUCTION COMPANY AUTHORIZED REPRESENTATIVE and TITLE

PRODUCTION COMPANY ADDRESS

PHONE

EMAIL

MN PRODUCTION ADDRESS (IF DIFFERENT THAN ABOVE)

PHONE

EMAIL

CO-APPLICANT NAME and TITLE (if applicable)

ADDRESS

PHONE

EMAIL

YEAR COMPANY FORMED

STATE COMPANY IS ORGANIZED

COMPANY IN GOOD STANDING

PROOF OF GOOD STANDING ATTACHED

FEDERAL TAX ID #

MN TAX ID #

OTHER STATE TAX ID #

LIST PROPER LEGAL NAMES FOR ALL ENTITIES OR INDIVIDUALS WHO OWN AN INTEREST GREATER THAN 2% IN THE PRODUCTION COMPANY (USE SEPARATE SHEET IF NECESSARY):

Legal Agreement in consideration of MN Film and TV's review of Production Company's Application for Snowbate Production Entity Certification, the receipt and sufficiency of which the parties hereby acknowledge, Production Company agrees as follows: (1) Production Company represents and warrants that the information provided in this application and all attachments or exhibits hereto are true and correct; (2) Production Company understands and agrees to the Snowbate Terms and Conditions; (3) Production Company represents and warrants that it satisfies all applicable criteria and standards of eligibility in the Snowbate Production Incentives Program Guidelines; (4) Production Company understands and agrees that any final award of a reimbursement is subject to the full and successful completion of the reimbursement application process, the availability of funds, and the final disbursement of funds at the sole discretion of the reviewing committee; (5) Production Company acknowledges and understands that all Snowbate Reimbursement funds are considered taxable income; and (6) Production Company acknowledges that it has received and understands the Snowbate Expenditure Submission Instructions.

REQUIRED DISCLOSURES SHEET PER SNOWBATE TERMS AND CONDITIONS ATTACHED (IF APPLICABLE)

NO DISCLOSURE

AUTHORIZED REPRESENTATIVE NAME (PRINT)

CO-APPLICANT NAME (PRINT)

SIGNATURE

DATE

SIGNATURE

DATE

Send this form along with a Certificate of Good Standing issued by the Secretary of State of MN (or your state) or equivalent proof of good standing to:

ADDRESS: Minnesota Film and TV 401 North 3rd Street, Suite 245 Minneapolis, MN 55401

PHONE: 612 767 0095

FAX: 612 767 2425

EMAIL: [snowbate@mnfilmtv.org](mailto:snowbate@mnfilmtv.org)

All information should be received and complete before the application is considered. Production companies should renew their application if any information changes or at the request of MN Film and TV or the State of MN.

PLEASE ALLOW TWO WEEKS FOR CERTIFICATION

7/2016j

ASSIGNED BY MNFILMTV

| ENTITY# | PROJECT # | QUEUE # |
|---------|-----------|---------|
|         |           |         |

**PRODUCTION TITLE**

**PRODUCTION ENTITY TYPE**

eg. INC, LLC, LP, LLP, LLLP

**PRODUCTION COMPANY NAME**

**NAME OF PRODUCTION COMPANY AUTHORIZED REPRESENTATIVE/DESIGNATED PAYEE**

**PRODUCTION COMPANY ADDRESS**

**PHONE**

**EMAIL**

**CO-APPLICANT NAME and TITLE (if applicable)**

**ADDRESS**

**PHONE**

**EMAIL**

**PREFERRED CORRESPONDENCE ADDRESS**

**SHOOT START DATE**

**SHOOT END DATE**

**TOTAL SHOOT DAYS**

**EDIT START DATE**

**EDIT END DATE**

**TOTAL EDIT DAYS**

**MN PAYROLL**

**TOTAL MN WORKERS**

**% SHOT OUTSIDE METRO FOR  
25% REIMBURSEMENT**

**TOTAL CURRENT BUDGET (INCLUDE PAYROLL)**

**TOTAL MN EXPENDITURES (INCLUDE PAYROLL)**

**TYPE OF PROJECT**

- |                                                     |                                                     |                                                      |
|-----------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> <b>Feature Film</b>        | <input type="checkbox"/> <b>Television Pilot</b>    | <input type="checkbox"/> <b>Post Production Only</b> |
| <input type="checkbox"/> <b>Documentary</b>         | <input type="checkbox"/> <b>TV Commercial</b>       | <b>Must Include Agency &amp; Advertiser Contact</b>  |
| <input type="checkbox"/> <b>Music Video</b>         | <b>Must Include Agency &amp; Advertiser Contact</b> |                                                      |
| <input type="checkbox"/> <b>National Television</b> | <input type="checkbox"/> <b>Internet</b>            |                                                      |

**ALL REQUIRED ATTACHMENTS ARE INCLUDED**

Legal Agreement in consideration of MN Film and TV's review of Production Company's Application for Snowbate Production Entity Certification, the receipt and sufficiency of which the parties hereby acknowledge, Production Company agrees as follows: (1) Production Company represents and warrants that the information provided in this application and all attachments or exhibits hereto are true and correct; (2) Production Company understands and agrees to the Snowbate Terms and Conditions; (3) Production Company represents and warrants that it satisfies all applicable criteria and standards of eligibility in the Snowbate Production Incentives Program Guidelines; (4) Production Company understands and agrees that any final award of a reimbursement is subject to the full and successful completion of the reimbursement application process, the availability of funds, and the final disbursement of funds at the sole discretion of the reviewing committee; (5) Production Company acknowledges and understands that all Snowbate Reimbursement funds are considered taxable income; and (6) Production Company acknowledges that it has received and understands the Snowbate Expenditure Submission Instructions.

AUTHORIZED REPRESENTATIVE NAME (PRINT)

AGENCY CONTACT NAME AND EMAIL

SIGNATURE

DATE

ADVERTISER (CLIENT) CONTACT NAME AND EMAIL

**PLEASE ALLOW TWO WEEKS FOR CERTIFICATION**

12/2016jj

**AFFIDAVIT TO ACCOMPANY SNOWBATE PROJECT CERTIFICATION**

I, \_\_\_\_\_ 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). My title is \_\_\_\_\_, and I am authorized to execute this Affidavit on behalf of the Production Company.

2. Affiant has read and understands the attached document titled "Snowbate Production Incentive Program Guidelines" including the section titled "Eligibility requirements for Snowbate reimbursement by production category." On behalf of the Production Company, I represent and affirm that the specific project for which the Production Company is seeking Project Certification meets all of the applicable "Eligibility requirements for Snowbate reimbursement by production category."

3. On behalf of the Production Company, affiant acknowledges and understands that all Snowbate Reimbursement funds received by Production Company are considered taxable income and must be treated accordingly.

\_\_\_\_\_  
Affiant

STATE OF [NAME] )  
) ss.  
COUNTY OF [NAME] )

Signed, sworn to, and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Stamp or Seal

\_\_\_\_\_  
Signature of Notary Public

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Print or type<br/>See Specific<br/>Instructions on page 2.</b> | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |
|                                                                   | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                                   | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |                                         |
|                                                                   | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
|                                                                   | <b>5</b> Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Requester's name and address (optional) |
|                                                                   | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
|                                                                   | <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                       |  |  |  |   |  |  |   |  |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  |   |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## Minnesota Statute 473.121 Subdivision 2

**Metropolitan area or area.** “Metropolitan area” or “area” means the area over which the Metropolitan Council has jurisdiction, including only the counties of Anoka; Carver; Dakota excluding the city of Northfield; Hennepin excluding the cities of Hanover and Rockford; Ramsey; Scott excluding the city of New Prague; and Washington.

