

## Final Production and Economic Impact Report

Minnesota Film Production Tax Credit Program

When production is complete, notify MNfilmtaxcredit.emn@state.mn.us. Provide this form to your CPA when the production company commissions the Cost Verification Report and notify MNfilmtaxcredit.emn@state.mn.us. Submit the Cost Verification Report and Final Production and Economic Report by email to <a href="MNfilmtaxcredit.emn@state.mn.us">MNfilmtaxcredit.emn@state.mn.us</a> within 30 days of the cost verification report completion date. Tax Credit Certificates will not be issued until all reporting requirements have been fulfilled.

Section I. Business r	name and identifying inform	ation
DBA/ Trade name/Pr	evious name (if any):	x ID number:
Section II. Corporat	e officer certifying this repor	t
	knowledge true, correct, and o	nat the information contained in this report complete. Who is the corporate officer that
First name:	Last name:	Title:
Phone:	Email address:	
Section III. Project i	nformation	
Title of project:		
Type of project (chec	k one):	
Feature Film	Documentary TV	or Internet Pilot, Program or Series
Music Video	Television Commercial	Post Production Only



Where in Minnesota was the production office located?						
Where in Minnesota did principal photography take place (list specific key locations)?						
Did post-pro	duction occur in N	/linnesota?				
□ No	□ Yes					
Complete the	e table with the ac	ctual productior	n schedule	that occurred.		
	Minnesota Only		All Other Locations			
	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Number of days	Startdate (mm/dd/yyyy)	End date (mm/dd/yyyy)	Number of days
Pre- production						
Production						
Post- production						
Totals						
Provide a link to a rough cut or other visual sample of work in progress (20 minutes in length for film/TV/documentary projects and :20-:30 for commercials).						



## Section IV. Financial information

Use the Cost Verification Report to complete the table below. Sales and use tax paid reported in the second column are inclusive of qualified and non-qualified spend that occurred in Minnesota. You will be asked to report non-Minnesota spend after the table.

Category	Sales and use tax paid	Total qualified amount spent in Minnesota including taxes	Total non-qualified amount spent in Minnesota including taxes
Lodging			
Transportation			
Air Fare			
Per Diem and Housing Allowance			
Personnel			
Talent			
Sets, Props, and Wardrobe			
Production Office Rental			
Studio Rental			
Equipment Rental			
Digital Media/Film/Tape/ Processing (dailies)			
Food and Catering			
Location Expense			
Post Production			
Other			



Was an amount entered above for the other category?				
$\square$ No (if no, skip to next question) $\square$ Yes (if yes, provide detail below)				
Provide a description and dollar amount (rounded to the nearest thousand) for each invoice. You may consolidate multiple invoices from the same vendor.				
What was the total amount of <b>non-Minnesota</b> spend? \$				
What was the total amount of <b>Minnesota Qualified</b> Spend? \$				
What was the total amount of <b>Minnesota non-qualified</b> spend? \$				
What was the <b>total project cost</b> (Minnesota and non-Minnesota spend)? \$				
How many room nights of lodging occurred in Minnesota?				
Were any fees paid to municipal entities in Minnesota?				
□ No □ Yes (if yes, how much? \$)				
Was a Qualified Production Facility utilized?				
No Yes (if yes, include name of facility and total spent)				



## Section V. Employment information

Complete the table below for all payroll related expenses that occurred in Minnesota. A record of the employee's exempt or non-exempt status can be found by referencing the signed copy of the Employee Notice that the employer maintains on file pursuant to the Minnesota Wage Theft Prevention Act. For an exempt employee enter 8.0 hours for each work day up to 40 hours per each payroll week. For non-exempt employees enter actual number of hours worked.

Employees			
	Number of workers	Salary and wages paid	Number of hours worked
Exempt Minnesota Residents			
Not-Exempt Minnesota Residents			
Exempt non-residents			
Not-exempt non- residents			
Total above-the-line Minnesota resident			
Total above-the-line non-resident			
Total below-the-line Minnesota resident			
Total below-the-line non-resident			

What is the total amount of Minnesota income tax paid? \$
What is the total amount of unemployment insurance paid? \$
What was the total value of contracts provided pursuant to independent contractor agreements for this project? \$



## Section VI. CPA preparing the Cost Verification Report

CPA Firm:		-
CPA certificate number:		Expiration date:
First name:	Last name:	Title:
Phone:	Email address:	
Section VII. Business Acknowled	gement and Ce	rtification
an award under the Film Production requested information, but your fail to evaluate your eligibility for an aw enabling legislation and rules. The	n Tax Credit Prod lure to do so may vard pursuant to data you provide	from you to determine if you are eligible for gram. You are not required to provide the y result in Explore Minnesota Film's inability the criteria developed under the program's to us is classified as private or nonpublic n, except as specified by statute or court
	bd. 1. Some othe	orm is classified as private or nonpublicer data that we collect in this application is 401, subd. 3.
Data Privacy Acknowledgement an	d Certification:	
<del>_</del>	•	ent or representation in this report, or and complete to the best of their knowledge;
	f the amount of	st Verification Report and that it is a true eligible production costs that are directly ject in Minnesota; and
•	and will continue	oproved static or animated logo is visibly to be displayed for the life of the project. o requirements; and
4. I affirm that, as an officer of behalf of the company.	of the business, I	have the authority to sign this form on
Printed name and title:		
Signature:	Date:	