Preliminary Qualification Questionnaire for Massachusetts Film Production Tax Credit

Name of Production Company (Legal Entity):
Mailing Address:
Principal Contact:Telephone:
E-Mail Address:
Type of Entity (e.g., corporation, partnership, llc, etc.):
State/Year of Organization: EIN:
Tax Exempt? (Yes/No) Basis for Exemption:
Registered for Payroll Withholding in Massachusetts? (Yes/No)
Name of Production:
Type (Circle as applicable): Feature-length film Video TV Series
Commercial Documentary
Principal Sponsor (Funding Source):
Commencement Date (Month, Year):
Anticipated Completion Date (Month, Year):
Production Budget (est.): \$ MA Payroll: \$
%age of Production Budget To Be Spent in Massachusetts (est.):
Principal Photography Days (Total, est.): In Massachusetts (est.):
Name of Person Completing Form:
Date:

Send a description of your project and distribution plans along with this form attn: Guy Holt, ScreenLight & Grip, 502 Sprague St. Dedham, MA 02026, Fax 781-326-4751, lightsne@aol.com