



Georgia Department of Economic Development

Georgia Entertainment Industry Investment Act Tax Credit Certification Application

Applications are submitted to the Georgia Department of Economic Development, 75 Fifth Street, NW, Suite 1200, Atlanta, Georgia 30308 or by fax at 404.962.4053

- Initial Filing (Must be scheduled to begin principal photography within 90 days of applying) Application for year
Annual Filing + GEP uplift (For projects certified in previous years) Application for year
Annual Filing (For projects certified in previous years) Application for year

Is the project fully funded? yes no

Applicant tax year (m/d/yr) start thru

For every year claiming tax credits, the applicant will need a certification letter.

As cited in the Georgia Code Section 48-7-40.26, the 'Georgia Entertainment Industry Investment Act,' for any production company or qualified interactive entertainment company whose base investment on qualified production expenditures in certified production or productions in Georgia equals or exceeds \$500,000.00 in a fiscal year, a 20% transferable tax credit shall be allowed.

Please consult your tax advisor to determine the tax implications for the applicant and any partners, members or shareholders prior to completing this form.

Only one production company per project may receive certification for the Film Tax Credit. In the instance of a work-for-hire, the work-for-hire company will not be eligible for the Entertainment Tax Credit.

Is the production company applying for certification as a "work for hire" for another production company? yes no

Did the production company applying for certification hire another production company as a "work for hire?"* yes no

If so, what is the production company name?

For live action projects including, feature films, television programming, commercials, or music videos, please fill out the section from Page 2-6. If applying for certification for an interactive game, virtual world, or digital media projects, including feature films, television programming, commercials, or music videos, please skip to Pages 7-10.

All GEP logo agreements prior to January 1, 2013 are null and void.



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Certification Application for Live Action Projects

PRODUCTION COMPANY INFORMATION

NOTE: *While it is understood that start dates may change, the **APPLICANT MUST be scheduled to begin principal and ongoing photography on the qualified film within 90 days after submitting this application.** Applications submitted MORE THAN 90 DAYS prior to start of principal photography WILL NOT BE CERTIFIED.*

Legal Name and Local Address of Applicant:

Legal Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Production Company (if different than applicant):

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Parent Company, If Applicable:

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Date of Incorporation or Formation: _____ **Federal Tax ID Number:** _____



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PROJECT DESCRIPTION

Title of Project: _____

- Type of Production:** Live Action Feature Film Live Action Short
- TV Series, number of episodes? _____ Season number _____
- TV Movie TV Special TV Pilot
- Commercial: Advertising Product _____
- Music Video **Song Lyrics Attached?** yes no
- Script Attached?** yes no **Sent by Email?** yes no

Please provide a description of the project: (story line)

Names of Talent Attached:

Where in Georgia are you planning to produce your project? (List locations):

PRODUCTION INFORMATION

The production may be asked to update this information once principal photography starts.

Estimated Total Number of Georgia Residents to be Hired on the Production: _____ (cast, crew, extras)

Pre-Production Project Start Date	No. of GA Hires during Pre-Production	No. of Work Days Employed	
Production Start Date (principal photography)	No. of GA Hires during Production	No. of Work Days Employed	Wrap Date
Post-Production Start Date	No. of GA Hires during Wrap	No. of Work Days Employed	



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Number of Proposed Shooting Days in Georgia: _____

Shot Entirely in Georgia? yes no If a portion, number of days shooting in Georgia: _____

Total Budget of Project: _____ Estimated Georgia Expenditures: _____

Distribution Plan: _____

If television and commercial projects, which network? _____

Theatrical distribution deal in place? yes no

Georgia Production Office Address: _____

Georgia Production Office Phone Number: _____

List Key Production Personnel Below (As Applicable):

Producer(s): _____ Phone: _____
 _____ Phone: _____

Director: _____

Line Producer: _____ Phone: _____

Unit Production Manager: _____ Phone: _____

Location Manager: _____ Phone: _____

CREDITS AND PROMOTIONAL MATERIALS

To complete eligibility requirements, applicants will provide the following items to the Georgia Film, Music & Digital Entertainment Office (GFMDE) for the project.

Checklist:

- All versions of the Crew and Contact Lists.
- A completed Georgia Expenditures Breakdown form (blank form available from GFMDE)
- Five production still photos in electronic format with rights cleared for promotional use by GFMDE
- Final Georgia Location Breakdown List to include physical address and contact information.
- An electronic press kit
- Three (3) posters of the type designed for promotion of the finished project
- A DVD of the finished production.
- Storyboard (commercial applicants only)
- I agree _____ (Name)



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The above information will be provided by:

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____



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Agreement for End Credit Roll

The end credit roll of a full-length motion picture that utilizes the Georgia Entertainment Industry Investment Act must recognize the State of Georgia with the following wording: "This project was completed with assistance from the Georgia Film, Music & Digital Entertainment Office, a division of the Georgia Department of Economic Development." The State of Georgia also reserves the right to refuse Georgia's name in the credits of a motion picture filmed or produced in the state.

Authorized Signature _____ Date _____

Contact Information for Post

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Certification by Applicant

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Upon written request, applicants shall issue any necessary authorization to the appropriate Federal, State or local authority for the release of information concerning a production being considered under these administrative rules, including but not limited to financial reports and records relating to the applicant or to the production for which this credit is requested.

By signing below, the applicant certifies that all the information contained herein and exhibits attached hereto are true to the best of their knowledge and are submitted for the purpose of obtaining film tax credits through the Georgia Department of Economic Development.

Date

Applicant

Title

Phone Number

Certification by the Georgia Department of Economic Development

Date

Certification #



Georgia Department of Economic Development

**Application for Certification
of Interactive Entertainment Projects**

Legal Name and Local Address of Applicant:

Legal Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Parent Company, If Applicable:

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Organization of Production Company:

- | | |
|--|--|
| <input type="checkbox"/> Individual Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Subchapter S Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (Describe) _____ |

Date of Incorporation or Formation: _____ Federal Tax ID Number: _____



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PROJECT DESCRIPTION

Title of Project: _____

Type of Production: Digital Media Feature Film

Digital Media TV Series, number of episodes? _____ Season number _____

Digital Media TV Movie Digital Media Music Video Digital Media Commercial

Song Lyrics Attached? yes no

Interactive Game or Virtual World**

Synopsis Attached: yes no

Other _____ (type of project) _____

**** Computer Generated imagery enhancements (CGI) must be part of an otherwise qualified project to qualify for the Film Tax Credit, and will not be considered as stand-alone projects.**

List Key Company Personnel below (As Applicable): _____

Interactive Entertainment Projects (Interactive Games, Virtual World and Digital Media) MUST complete the attached matrix addendum on Page 9.



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Application for Certification of Interactive Entertainment Projects

Interactive Entertainment Projects (Interactive Games, Virtual World and Digital Media) MUST complete the attached matrix addendum below:

Applicant:		Date:				
Project Name:		Project Name:				
Check all that apply.						
	MMO	Social Media Games	Casual Game	Serious Game	Virtual World	Other (please describe)
Type of interactive product or service						
Employ electronics						
Contain or create computer-controlled virtual universe...***						
Contain (3 of 6):						
- animated graphic						
- static graphic						
- sound						
- text						
- 2D or 3D geometry						
- scoring or tracking						
	***Contain or create computer-controlled virtual universe, within which individual using the program may interact to generate visual feedback and achieve goal, determined by player skill and/or luck.					

Additional information: _____



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By signing below, the applicant certifies that all the information contained herein and exhibits attached hereto are true to the best of their knowledge and are submitted for the purpose of obtaining film tax credits through the Georgia Department of Economic Development.

Date

Applicant

Title

Phone Number

Certification by the Georgia Department of Economic Development

Date

Certification #