



FILM INCENTIVE APPLICATION

P. O. Box 83720
Boise, Idaho 83720-0093
Phone: 208 334-2470
Toll-free: 800 942-8338
Fax: 208 334-2631

Film Bureau use only

PRODUCTION TYPE **APPLICATION NUMBER:**

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Feature Length Film | <input type="checkbox"/> Short Film | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Television Series | <input type="checkbox"/> Television Segment | <input type="checkbox"/> Video |

PRODUCTION TITLE:
COMPANY TO RECEIVE REBATE:

COMPANY NAME:

CONTACT NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: FAX:

TYPE: Corporation Partnership LLC Sole Proprietorship Other:

Year Business Started:

Federal Tax Identification Number:

IDAHO PRODUCTION OFFICE:

LOCAL ADDRESS:

CITY: STATE: IDAHO ZIP:

PHONE: FAX:

PRODUCTION CREW INFORMATION

LINE PRODUCER: PHONE:

UNIT PRODUCTION MANAGER: PHONE:

PRODUCTION ACCOUNTANT: PHONE:

PRODUCTION DATES

ESTIMATED START DATE OF PRE-PRODUCTION:

ESTIMATED START OF PRINCIPAL PHOTOGRAPHY: ESTIMATED COMPLETION OF PRINCIPAL PHOTOGRAPHY:

SCRIPT/SYNOPSIS/TREATMENT

COPY OF SCRIPT IS ATTACHED COPY OF SYNOPSIS OR TREATMENT IS ATTACHED

OBSCENITY CERTIFICATION

I certify that this production does not contain any material or performance defined as obscene by Chapter 41, title 18, Idaho code

BUDGET

BUDGET FOR IDAHO PORTION ATTACHED

CERTIFICATION OF EXPENDITURES

I certify that _____ intends to spend \$200,000 or more on qualifying expenses (see list in instructions) in Idaho during production of _____. I acknowledge that I will need to file Form TCR with the Idaho Tax Commission when production is completed, or upon reaching the \$200,000 minimum, which ever comes first. (Form TCR can be found at: filmidaho.org in the Production Incentives Section)

PRODUCTION COMPANY CONTACT SIGNATURE:

PRINTED NAME: TITLE:

DATE: PHONE: