

filmnewmexico

Film Production Company Registration Form

Instructions: Please do not fill out this form until you are greenlit/fully financed and in prep. There is no deadline to complete this form; however, we ask that it be completed before principal photography begins. For stand-alone post, please complete applicable lines. We understand that some of the information you provide us will be preliminary, so we appreciate your best estimates.

Please complete, initial, sign and fax to John Raymond Armijo: 505-476-5601 or scan and email to john@nmfilm.com (we must have a signed and initialed form)

1. PRODUCTION INFORMATION

Project Title
Director
Executive Producer(s)
Producer(s)
Production Co./Studio
Principal Cast
UPM/Line Producer
POC
Head Accountant
Location Manager
Local Principal Casting Director
Local Extras Casting Director
Publicist
Publicist contact (phone and email)

2. TYPE OF PRODUCTION

Please check this box certifying that the production is intended for exhibition and reasonable commercial exploitation.

- | | |
|---|---|
| <input type="checkbox"/> Feature Film | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Television Pilot | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Television Series or Miniseries | <input type="checkbox"/> Video Game |
| <input type="checkbox"/> Television Reality | <input type="checkbox"/> Short Film |
| <input type="checkbox"/> Television Network | <input type="checkbox"/> Student Film |
| <input type="checkbox"/> Cable Television | <input type="checkbox"/> 3-D Production |
| <input type="checkbox"/> Cable Television Pilot | |
| <input type="checkbox"/> Internet <i>Please list type</i> _____ | |
| <input type="checkbox"/> Post Production only | |
| <input type="checkbox"/> National Commercial <i>Please provide proof of national broadcast.</i> | |
| <input type="checkbox"/> Regional Commercial <i>Please provide proof of regional broadcast.</i> | |
| <input type="checkbox"/> Local Commercial <i>Local commercials will only qualify for the NTTCs.</i> | |

Other (Describe project): _____

3. FILM PRODUCTION INCENTIVES

25% TAX REBATE

Check here if applying for the 25% Tax Rebate

FILM INVESTMENT PROGRAM

Check here if applying for the Film Investment Loan Program

FILM CREW ADVANCEMENT PROGRAM (FCAP)

Check here if applying for FCAP

NONTAXABLE TRANSACTION CERTIFICATES (Type 16 NTCs)

Check here if applying for the NTCs (Cannot be used in conjunction with the Rebate)

4. PRODUCTION COMPANY: Entity that will claim the tax rebate

Please check this box certifying that you are a "film production company." Definition of "film production company": a person who produces one or more films or any part of a film.

Permanent Business Address (not a P.O. Box):

Company Name: _____

Principal Contact: _____

Address: _____

City, State, Country: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Type of entity:

C Corporation S Corporation LLC Partnership Estate or Trust Other _____

Federal Tax I.D. (FEIN – 9 characters): _____

State in which incorporated or registered: _____

5. LOCAL PRODUCTION OFFICE (if applicable)

New Mexico Production Office Address:

Company Name: _____

Principal Contact: _____ Title: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

6. NEW MEXICO PRODUCTION INFORMATION

NM Prep days: _____ through _____ # of days: _____

NM Shoot days: _____ through _____ # of days: _____

NM Wrap days: _____ through _____ # of days: _____

Post Production: _____ through _____ # of days: _____

Main Location(s): _____

If shooting in another location other than New Mexico, please list location and dates:

Total budget: \$ _____

Estimated total **New Mexico** expenditure (include prep, post & New Mexico crew):

\$ _____

7. CERTIFICATION

_____ (please initial) I hereby affirm that I am authorized to sign on behalf of the applicant film production company described above, and further affirm that any items for which the applicant is seeking a rebate are intended for use exclusively as an integral part of the pre-production, production or post-production filming activities engaged in the State of New Mexico.

_____ (please initial) I certify that the film does not violate a provision of Chapter 30, Article 37 NMSA 1978.

_____ (please initial) I certify that the production is intended for exhibition and reasonable commercial exploitation.

_____ (please initial) I further certify that the production, if a long-form narrative, will have an onscreen credit for the State of New Mexico.

Authorized Representative's Name: _____

Title: _____ Date: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Please fax a signed copy to John Raymond Armijo, New Mexico Film Office: (505) 476-5601 or scan and email to john@nmfilm.com (we must have a signed and initialed form)