



# FILM TAX CREDIT MONTHLY REPORTING FORM

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA FILM OFFICE  
Commonwealth Keystone Building  
400 North Street, 4th Floor  
Harrisburg, PA 17120-0225  
1-800-237-4363

**INSTRUCTIONS: Please complete and submit this form within five business days after the end of each month following applicant's acceptance of a Film Tax Credit offer letter, from pre-production to completion of post-production. Monthly Reporting Forms should be sent by mail, fax or email to:**

Janice Collier, Director of Grants & Finance  
Department of Community and Economic Development  
Commonwealth Keystone Building  
400 North Street, 4th Floor  
Harrisburg, PA 17120-0225  
Fax: (717) 787-0687 | Email: jacollier@state.pa.us

Name of Preparer:	<b>Department Use Only</b> DATE RECEIVED:
Name of FTC Applicant:	
Title:	Name of Project as stated in Application:

Report for the Month Ending:

1a. Has there been a change in the project schedule and budget provided as part of the Film Tax Credit application submitted to the Pennsylvania Film Office? <i>If yes, please provide details under Supplemental Information below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Where is the project in the production cycle?  <input type="checkbox"/> Pre-production <input type="checkbox"/> Principal Photography <input type="checkbox"/> Post-production <input type="checkbox"/> Post-completion/Reporting	
1c. Has there been a change to the duration of the project, number of days filming, the date of commencement of principal filming in PA and/or date of completion of the project since the Film Tax Credit application was submitted to the Pennsylvania Film Office or the last monthly report, whichever is later? <i>If yes, indicate new dates and check yes in response to question 1d.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1d. Does the applicant wish to request an amendment to the Film Tax Credit Contract? <i>If yes, state the reason and the requested changes under Supplemental Information below. All requests for an amendment to the Film Tax Credit Contract will be reviewed by the Pennsylvania Film Office and the applicant will be notified if the request is approved or denied.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Has there been any significant change in financing for the project described in the in the Film Tax Credit application submitted to the Pennsylvania Film Office? <i>If yes, please provide details under Supplemental Information below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. Will changes in financing impact the duration of the project, number of days of filming, the date of commencement of principal filming in PA or date of completion of the project? <i>If yes, indicate new dates and check yes in response to question 2c.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c. Does the applicant wish to request an amendment to the Film Tax Credit Contract to reflect these changes? <i>If yes, state the reason and the requested change under Supplemental Information below. All requests for an amendment to the Film Tax Credit Contract will be reviewed by the Film Office and the applicant will be notified if the request is approved or denied.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have there been any other significant changes to information concerning the project supplied in the Film Tax Credit application submitted to the Pennsylvania Film Office? <i>If yes, please describe the changes and the impact on the Project and/or the Film Tax Credit for the Project under Supplemental Information below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Attach a crew list, reflecting the name, permanent address and job title for all crew members who worked on the project at any time during the month for which this report is submitted. The final monthly list should also include a comprehensive list for the entire project.

**SUPPLEMENTAL INFORMATION**

**SIGNATURE, VERIFICATION AND SUBMISSION**

*Under penalties of perjury, I declare that I have examined this application, including all the attachments, and to the best of my knowledge and belief it is true, correct and complete. THIS FORM MUST BE SIGNED BY A CORPORATE OFFICER.*

Signature of Officer of Company	Title	Date
Print Officer's Name	Telephone # ( )	E-mail Address
Name of Preparer	Title	Telephone # ( )
Preparer's Address	City	State ZIP