2014 Refundable Film Credit

XXXXXXXXXXXX

Motion Picture Production Company

AREA RESERVED
FOR 2-D BARCODE

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX
STREETADDRESSXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

Designated production company representative: FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX

Telephone: XXXXXXXXXXXX

E-mail address: XXXXXXXXXXXXXXXXXX

Massachusetts start date: XXXXXXXX

Massachusetts end date: XXXXXXXX

a. Did this credit originate from a pass-through entity? X Yes X No

b. If Yes, enter name and ID number of the pass-through entity IDENTIFICNO NAMEOFPTEXXXXXXXXXXXXXXXXXXXX

1.	Amount of film credit (from Application for Payroll/Production Credit)	**1**	XXXXXXXXXXXX
	Enter certificate number		XXXXXXXXXX
2.	Tax after credits	**2**	XXXXXXXXXXXX
3.	Subtract line 2 from line 1	**3**	XXXXXXXXXXXX
4.	Multiply line 3 by .9	**4**	XXXXXXXXXXXX
5.	Refundable film credit. Add lines 2 and 4. You must enclose Schedule RFC with your return	**5**	XXXXXXXXXXXX

I declare under the pains and penalties of perjury, that to the best of my knowledge, the information contained herein is accurate and complete.

Signature

Date XXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX