2017 Refundable Film Credit

XXXXXXXXXXXXX

Motion Picture Production Company

AREA RESERVED
FOR 2-D BARCODE

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

Designated production company representative: FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX

Telephone: XXXXXXXXXXX

E-mail address: XXXXXXXXXXXXXXXXX

Massachusetts start date: XXXXXXXX

Massachusetts end date: XXXXXXXX

a. Check if this credit originated from a pass-through entity X

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**	XXXXXXXXXXX
	Enter certificate number		XXXXXXXXXX
2.	Tax after credits	**2**	XXXXXXXXXXX
3.	Subtract line 2 from line 1	**3**	XXXXXXXXXXX
4.	Refundable film credit. Multiply line 3 by .9. You must enclose Schedule RFC with your return	**4**	XXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX