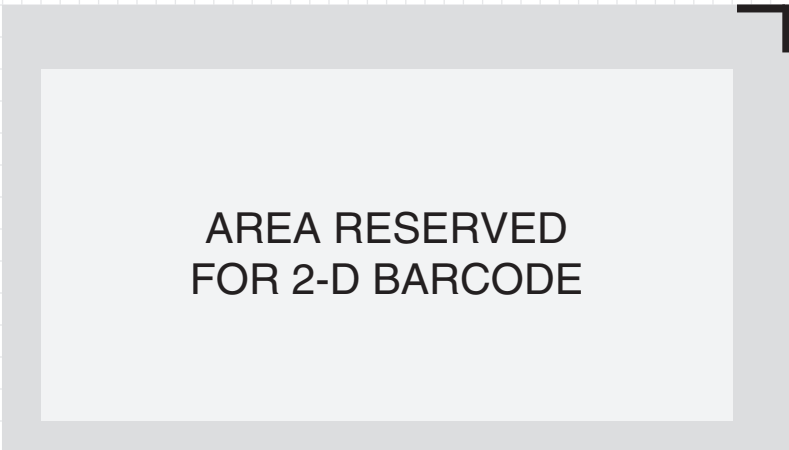
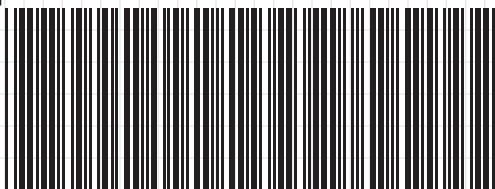




2017 Refundable Film Credit

XXXXXXXXXXXXXX

Motion Picture Production Company

AREA RESERVED
FOR 2-D BARCODE

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

Designated production company representative

Telephone

E-mail address

FIRSTNAMEXXXXXXX I LASTNAMEXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

Massachusetts start date

Massachusetts end date

XXXXXXXX

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 NAMEOFPTXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. Amount of film credit (from Application for Payroll/Production Credit)

1

XXXXXXXXXXXXXX

Enter certificate number

XXXXXXXXXXXXXX

2. Tax after credits

2

XXXXXXXXXXXXXX

3. Subtract line 2 from line 1

3

XXXXXXXXXXXXXX

4. Refundable film credit. Multiply line 3 by .9. You must enclose Schedule RFC with your return

4

XXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX