

The Big Sky on the Big Screen Act



<h2 style="margin: 0;">Pre-Certification Application</h2> <h3 style="margin: 0;">Montana Film Office—Department of Commerce</h3>	<p style="color: red; font-size: small; margin: 0;"><i>Office use only:</i></p> <p>Date received: _____ By: _____</p> <p>Date certified: _____ By: _____</p> <p>Certification number: _____</p>
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Completion of this form constitutes application for certification by the Montana Film Office, Department of Commerce.

PRODUCTION TITLE

Title of production: _____

PRODUCTION TYPE

<input type="checkbox"/> Theatrical film	<input type="checkbox"/> Made-for-TV film	<input type="checkbox"/> Short film	<input type="checkbox"/> Commercial
<input type="checkbox"/> Documentary	<input type="checkbox"/> Industrial or Educational	<input type="checkbox"/> Music video	<input type="checkbox"/> Still shoot
<input type="checkbox"/> Miniseries	<input type="checkbox"/> Television pilot	<input type="checkbox"/> Television segment/series	<input type="checkbox"/> Multimedia/Web

PRODUCTION COMPANY INFORMATION (Company to receive tax credit by filing Montana tax return)

Company name: _____

Contact Name: _____	Title: _____			
Business address: _____				
City: _____	State: _____	Zip: _____		
Phone: _____	Fax: _____	Email: _____		
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> LLC
Date business commenced: _____	Federal Tax ID (FEIN) or SSN: _____			

Note: If the applicant is an LLC, a partnership, or an S corporation, list the names, addresses, and FEINs or SSNs or all members, partners, or shareholders and their respective percentages. Attach more pages if needed.

Name	Address	FEIN or SSN	% of ownership

Check if applicable: Members, partners, and shareholders will file Montana tax returns separately.

PRODUCTION COMPANY CERTIFICATION

This is to certify the above named company is engaged in the business of producing nationally or regionally distributed productions.

PRODUCTION CREW INFORMATION

	Name	Phone	Email
Director:			
Producer:			
Line Producer:			
Unit Production Manager:			
Production Accountant:			

TAX PREPARER INFORMATION

Name of tax preparer: _____	Company name: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	

