



Maryland Department of Commerce

Maryland Theatrical Production Tax Credit

APPLICATION FOR QUALIFICATION

The Maryland Theatrical Production Tax Credit is a limited program, and applications will be reviewed in the order in which they are received. Applications must be submitted before beginning a theatrical production activity. Applications must be complete and a signature is required. Please consider consulting a tax specialist and/or a lawyer regarding potential impacts of receiving this tax credit.

WARNING: False statements made knowingly and willfully in this tax credit application, including affidavits or other supporting documents submitted therewith, are punishable by law. All statements and documents are subject to verification.

Applicant / Production Company Information

Production Title:

Name of Qualified Theatrical Production Facility in Maryland where Production will be performed:

Full Legal Name of Applicant: *(Name of entity receiving the tax credit & filing the tax return)*

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Authorized Representative:

Title:

Phone:

E-Mail:

Applicants should be aware that all information submitted in or accompanying an application may be subject to the provisions of the Maryland Public Information Act (MD Code, General Provisions Article, Title 4) and to the provisions of the MD Code, Tax General Article, §10-754.

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Maryland Business Address: <i>(If different than applicant address)</i>		
Address:		
City:	State:	Zip Code:
Phone:		

Applicant's Legal Formation:		
For-Profit <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	
C Corporation <input type="checkbox"/>	General Partnership <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
S Corporation <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>
Joint Venture <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
Federal Tax ID:	Applicant's Tax Year:	
State of Organization*:		
<p><i>* If the State of Organization is other than Maryland, the Applicant MUST register to do business in Maryland BEFORE beginning the Theatrical Production Activity in Maryland. (Maryland Business Express)</i></p>		

Production Information

Production Title:

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Type of Production: (Must check EVERY BOX to Qualify):

National Touring Production	<input type="checkbox"/>
Live Stage Theatrical Production	<input type="checkbox"/>
For-Profit	<input type="checkbox"/>
Minimum of Two Public Performance in a Qualified Theatrical Production Facility	<input type="checkbox"/>
Performance 1 _____ (Date) _____ (City in Maryland)	
Performance 2 _____ (Date) _____ (City in Maryland)	
After two (2) public performances in MD, performed for a total of four (4) weeks or more in at least four (4) cities outside of Maryland	<input type="checkbox"/>
Performance 1 _____ (Dates - <i>count towards a total of 4 weeks</i>) _____ (City) _____ (State)	
Performance 2 _____ (Dates - <i>count towards a total of 4 weeks</i>) _____ (City) _____ (State)	
Performance 3 _____ (Dates - <i>count towards a total of 4 weeks</i>) _____ (City) _____ (State)	
Performance 4 _____ (Dates - <i>count towards a total of 4 weeks</i>) _____ (City) _____ (State)	
Production Company Approved by Secretary of Commerce	<input type="checkbox"/>

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Pre-Broadway Production <input type="checkbox"/>
Live Stage Theatrical Production <input type="checkbox"/>
For-Profit <input type="checkbox"/>
Minimum of eight (8) public performances in a Qualified Theatrical Production Facility <input type="checkbox"/>
Performance 1 _____ (Date) _____ (City) _____ (State)
Performance 2 _____ (Date) _____ (City) _____ (State)
Performance 3 _____ (Date) _____ (City) _____ (State)
Performance 4 _____ (Date) _____ (City) _____ (State)
Performance 5 _____ (Date) _____ (City) _____ (State)
Performance 6 _____ (Date) _____ (City) _____ (State)
Performance 7 _____ (Date) _____ (City) _____ (State)
Performance 8 _____ (Date) _____ (City) _____ (State)
Prepared exclusively for a presentation in the Broadway Theater District within twelve (12) months after the final performance in Maryland <input type="checkbox"/>
Original or adaptive version has never been performed or performed on a limited basis within the last five (5) consecutive years <input type="checkbox"/>
Production Company approved by Secretary of Commerce <input type="checkbox"/>

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Anticipated Direct Costs:	
Set construction	\$
Special and visual effects	\$
Wardrobe, makeup and other services	\$
Salary and wages	\$
Advertising and public relations	\$
Rental of facilities	\$
Vehicles leasing	\$
Food and lodging	\$
Travel expenses	\$
Estimated Authorized Total Direct Costs in Maryland	\$

Employment Information:	
Production Crew:	
Estimate of the total number of employees (resident and non-resident) working in Maryland while on-location in Maryland:	
Estimate of the total number of Maryland residents to be hired as crew members while on-location in Maryland:	
Actors and Extras:	
Estimate of the total number of employees (resident and non-resident) to be hired as actors or extras while on-location in Maryland:	
Estimate of the total number of Maryland residents to be hired as actors or extras while on-location in Maryland:	
Total Wages projected to be paid in Maryland while on-location in Maryland	

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Attachments**Please attach the following documentation to your application.**

Application Addendum

Proof of Financing

Evidence of Qualifying Performances

Copy of Script/Libretto/Score *[May be waived by Commerce]*

Expected Production Schedule

Copy of Pre-Production Budget

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CERTIFICATION AND SIGNATURE:

In connection with the applicant's submission of this Application for Qualification for a Maryland Theatrical Production Tax Credit to the Department of Commerce ("Commerce"), the applicant certifies to Commerce under the penalties of perjury as follows:

1. All information provided by or on behalf of the applicant in connection with this Application for Qualification for a Maryland Theatrical Production Tax Credit, including all related submissions (collectively, the "application") is true and complete in all respects. The applicant is not aware of any event or fact that:

(a) Would require an amendment to this information in order to make this information true and complete and not misleading as of the date, and

(b) Should have been, and has not been, reported to Commerce as material information.

The applicant is obligated to update and correct all information.

2. All taxes imposed or fees assessed by the State of Maryland or any of its political subdivisions against the applicant and its properties have been paid prior to the date when any interest or penalty would accrue for nonpayment.

3. The applicant is:

(a) Current in all State and local tax obligations;

(b) Not in default in any State or local contract; and

(c) Registered with Maryland's State Department of Assessment and Taxation, (if required), is in good standing and authorized or registered to do business in the State.

I solemnly affirm under the penalties of perjury that I have the authority to submit this application and, to the best of my knowledge, information, and belief, that the information provided in this application is true, correct, and complete.

APPLICANT:

_____ Company Name

By: **X** _____ Electronic Signature

Name: _____ Date: _____ Full Name (mm/dd/yyyy)

Title: _____

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