

**Important:** Read instructions on reverse before completing.

## APPLICATION FOR SALES AND USE TAX REFUND FOR MOTION PICTURE PRODUCTION COMPANY

<b>Name</b>				
	Enter Exact Name of Movie Production Company <i>(please print or type)</i>	(    )	Telephone Number <i>(include area code)</i>	
<b>Permanent Location</b>				
	Number and Street	City or Town	State	ZIP Code
<b>Mailing Address</b> <i>(If different)</i>				
	Number and Street	City or Town	State	ZIP Code

(1) Did you notify the Department of Revenue of your intention to film prior to the commencement of filming?  Yes  No  
 If "yes," attach a copy of the registration form to this application.

(2) Date filming or production of motion picture was started in this state. \_\_\_\_\_

(3) Date filming or production of motion picture was completed in this state. \_\_\_\_\_

(4) Title of motion picture for which refund is claimed. \_\_\_\_\_

(5) What is the expected theatrical release or television exhibition date of the motion picture? \_\_\_\_\_

(6) Name of Kentucky financial institution on which checks were drawn.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State **KY** ZIP Code \_\_\_\_\_

(7) Name of individual and the address of the Kentucky location at which records of expenditures were maintained.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State **KY** ZIP Code \_\_\_\_\_

(8) Attach the final expenditure report to this application with copies of pertinent invoices, if applicable.

I, the undersigned, do declare under penalties of perjury that I have examined this application (including any accompanying statements or schedules and reports) and to the best of my knowledge and belief, the information and statements regarding the refundable credit for sales and use taxes paid on purchases made in connection with filming or producing motion pictures in Kentucky contained herein are true, complete and correct, and that I am duly authorized to sign this application. The undersigned certifies that no tax liability of any kind is due the Commonwealth of Kentucky by this applicant.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_  
 (Print or Type)

Return to Department of Revenue, Division of Sales and Use Tax, P.O. Box 181, Station 66, Frankfort, Kentucky 40602-0181.



## INSTRUCTIONS

1. This application must be completed in order for consideration to be given to the refund. Incomplete applications will be returned to the applicant.
2. Claims for refunds must be filed within 60 days after the completion of the filming or production of the motion picture in Kentucky and shall include the final expenditure report providing documentation for expenditures made by the motion picture production company.
3. If applicable, the amount of refund requested will be reduced by the amount of compensation when the sales and use tax was paid or by any amount of any tax liability due the Commonwealth of Kentucky.
4. Print or type answers to questions. Mail completed application to the Department of Revenue, Division of Sales and Use Tax, P.O. Box 181, Station 66, Frankfort, Kentucky 40602-0181.