

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
FILM TAX CREDIT TRANSFER APPLICATION**

TAX CREDIT TRANSFER APPLICATION

FOR:

(Project Name)

Directions: Please submit the completed application to your assigned Incentives Officer at the New Jersey Economic Development Authority. Fax and email signatures by an authorized corporate officer will be accepted.

Please submit via mail or email:

- One (1) executed copy of this application to your assigned EDA Representative
- One (1) current Business Incentives Tax Clearance Certificate for the Seller
- One (1) current Business Incentives Tax Clearance Certificate for the Buyer
- Purchase and Sale Agreement and all applicable amendments
- \$1,000 Transfer Fee/per transfer if Final Qualified Film Production Expense is less than \$1 million
- \$5,000 Transfer Fee/per transfer if Final Qualified Film Production Expense is over \$1 million

Please note:

A separate application must be filed for each individual transfer.

Tax clearance certificates may be requested from the Division of Taxation at:

http://www16.state.nj.us/NJ_PREMIER_EBIZ/jsp/home.jsp

Those with questions about this application or the application process are encouraged to contact their Incentives Relationship Officer.

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Selling Business Tax Benefit Identification Form

1. Business Name: _____
2. Primary Business Address: _____

3. Contact Person and Title: _____

Telephone: _____
Email Address: _____
4. Tax Identification Number: _____
5. Film Tax Credit Year Vintage Year (tax year for which credit may be used): _____
6. Approved Tax Type of Film Tax Credits: CBT / GIT (circle one)
7. Amount of Film Tax Credit: \$_____
8. Amount of Film Tax Credit intended to be sold: \$_____
9. Selling Price of the Film Tax Credit intended to be sold: \$_____/ \$1.00
\$_____ (Note: Sales must be for a value of \$.75 on the dollar or greater)
10. Total expenses, fees or costs: \$_____
11. Net proceeds to seller: \$_____

UPS Original Transfer Certificate: (must be the Grantee)

a) Name & Title: _____

c) Physical address (UPS mailing): _____

d) Email address: _____

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Buying Business Tax Benefit Identification Form

1. Business Name: _____
2. Primary Business Address: _____
3. Contact Person and Title: _____

Telephone: _____
Email Address: _____
4. Tax Identification Number: _____
5. Is your business currently operating in New Jersey?
 YES NO
6. Does your business have corporation business tax liability against which FILM tax credits may be used?
 YES NO
7. Does your business have gross income tax liability against which FILM tax credits may be used?
 YES NO
8. Does your business have insurance premiums tax liability against which FILM tax credits may be used?
 YES NO

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The undersigned certifies that the information provided in connection with this application is accurate to the best of my knowledge.

Witness

Signature of Authorized Selling
Business Representative

Printed Name, Title

Witness

Signature of Authorized Buying
Business Representative

Printed Name, Title