



MISSISSIPPI MOTION PICTURE INCENTIVE APPLICATION

The following must be submitted to complete application:

- Copy of script & synopsis, or a commercial story board, or documentary outline/treatment
- Full budget with top sheet
- Signed application form

<input type="checkbox"/> New application	<input type="checkbox"/> Revision to previously approved application
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Project Title:	Date:
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Type of Production (*check one*)

<input type="checkbox"/> Animation	<input type="checkbox"/> Music Video	<input type="checkbox"/> Unscripted Episode or Series
<input type="checkbox"/> Documentary	<input type="checkbox"/> National Commercial/Infomercial	<input type="checkbox"/> Video Game Cinematics
<input type="checkbox"/> Feature	<input type="checkbox"/> Pre/Post 3D Application	<input type="checkbox"/> Virtual/Augmented Reality
<input type="checkbox"/> Game Show	<input type="checkbox"/> Short Film	<input type="checkbox"/> Visual Effects
<input type="checkbox"/> Interactive Media/Video Game	<input type="checkbox"/> Stand Alone Post Production	<input type="checkbox"/> Webisodes/Webseries
<input type="checkbox"/> Motion Capture	<input type="checkbox"/> Television Episode or Series	

Main Contact

Name:	
Job Title:	
Phone:	Email:
Address:	

Company to Receive Rebate and Tax Reductions (*Company receiving invoices and making payments*)
Note: *Company name on Federal Tax ID and company name on this application must match to receive rebate.*

Company Name:	
Contact Name (<i>if different from above</i>)	
Phone:	Email:
Address:	
Website:	

Other Contact Information

Name of Line Producer and/or Production Manager:	
Phone:	Email:
Address:	
Name of Production Accountant:	
Phone:	Email:
Address:	
Email address for receiving crew/cast resumes:	

Proposed Dates of Work	
Start date for pre-production:	Number pre-production days:
Start date for principal photography:	Number principal photography days:
Wrap date for principal photography:	
Wrap date for post-production (if in Mississippi):	Number post-production days:

Intended Plan for Distribution (check all that apply)	
<input type="checkbox"/> Theatrical	<input type="checkbox"/> Direct to Video/DVD
<input type="checkbox"/> Film Festival	<input type="checkbox"/> Streaming Video/Internet Delivery
<input type="checkbox"/> Television/Cable Broadcast	Network, if known:

Other sites outside Mississippi being considered

Budget		
Total Budget:	Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated # of MS hires:
Estimate your Mississippi expenditures:		
a) Mississippi local spend (non-payroll), 25% rebate: \$		x .25 = d) \$
b) Mississippi non-resident payroll, 25% rebate: \$		x .25 = e) \$
c) Mississippi resident payroll, 30% rebate: \$		x .30 = f) \$
Total Mississippi Budget Estimate: \$		Anticipated rebate: \$
Note: (a) + (b) + (c) = Total MS Budget		Note: (d) + (e) + (f) = Anticipated Rebate

Eligibility for Non-Resident Payroll Rebate through applicant's company
Will you be requesting the 25% rebate for the production's non-resident payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes, please complete Form 200A)

I attest this project does not include any material or performance defined in Section 97-29-103 of the Mississippi State Code. <http://mscode.com/free/statutes/97/029/0130.htm>

I attest this production company does not include any company owned, affiliated, or controlled, in whole or in part, by any company or person which is in default on a loan made by the state or a loan guaranteed by the state, or any company or person who has ever declared bankruptcy under which an obligation of the company or person to pay or repay public funds or monies was discharged as a part of such bankruptcy.

Name (Printed): _____

Title for Production: _____

Signature: _____

Date: _____

Please be advised that making false representations and/or submitting falsified documents to either the Mississippi Development Authority or the Mississippi Department of Revenue with an intent to defraud the state is a crime and may lead to both civil and criminal penalties. Miss. Code Ann. § 97-7-10 states, "Whoever, with intent to defraud the state or any department, agency, office, board, commission, county, municipality or other subdivision of state or local government, knowingly and willfully falsifies, conceals or covers up by trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall, upon conviction, be punished by a fine of not more than Ten Thousand Dollars (\$10,000.00) or by imprisonment for not more than five (5) years, or by both such fine and imprisonment."



**MISSISSIPPI MOTION PICTURE INCENTIVE
NON-RESIDENT PAYROLL REBATE PRE-APPROVAL APPLICATION**

Note: Form 100A must accompany this form to complete application.

To pre-qualify for the 25% rebate on payroll paid to non-resident employees, the project must either be:

1. Produced by a Mississippi-based company **OR**
2. Produced by a Mississippi subsidiary company of the applicant production company **OR**
3. Produced by a production company in which an owner/member/principal is a Mississippi resident **OR**
4. Engaging a Mississippi resident or company to serve as a production partner to the applicant production company. (*A production partner is defined as a director, producer, production supervisor/manager, director of photography, production designer, casting director, production company, production services company or post production services company*).

In each case, the applicant company or the individual or company serving as its production partner is required to have been associated with the production of at least 2 nationally distributed motion pictures in Mississippi within the last 10 years AND have filed income taxes in Mississippi the previous 3 years as verified by the Mississippi Department of Revenue (*MDOR*).

**Note: Motion pictures include nationally distributed broadcast/theatrical/streaming commercials, feature/short documentaries, feature/short narratives, video games/VR, television or cable productions.*

Date: _____

Project Title:

Company Name (<i>as listed on Form 100A</i>):
Main Contact (<i>as listed on Form 100A</i>):
<input type="checkbox"/> I am requesting pre-approval to receive a 25% rebate on payroll paid to non-resident employees for work completed in Mississippi for the project listed above.

1) Is the applicant production company based in Mississippi? **Yes** **No**

Has this company been associated with the production of at least 2 nationally distributed motion pictures in Mississippi within the last 10 years? **Yes** **No**

(If yes, please provide a signed and notarized MDOR Taxpayer Form)

If yes, please provide the following production information for verification:

	Title	Type of Project	Year Produced
1.			
2.			

2) Is a subsidiary company of the applicant production company based in Mississippi? **Yes** **No**

Has this subsidiary company been associated with the production of at least 2 nationally distributed motion pictures in Mississippi within the last 10 years? **Yes** **No**

(If yes, please provide a signed and notarized MDOR Taxpayer Form)

If yes, please provide the following production information for verification:

	Title	Type of Project	Year Produced
1.			
2.			

**Note: additional information regarding company structure and/or ownership may be required.*

3) Is an owner/principal/member of the applicant production company a resident of Mississippi Yes No

(If yes, please provide a signed and notarized MDOR Taxpayer Form from the owner/principal/member)

Has this individual been associated with at least 2 nationally distributed motion pictures in Mississippi in the last 10 years? Yes No

If yes, please provide the following production information for verification:

Title	Type of Project	Year Produced
1.		
2.		

**Note: additional information regarding company structure and/or ownership may be required.*

4) Will a Mississippi resident or Mississippi-based company be serving as a production partner for the applicant production company's project? *(A production partner is defined as a director, producer, production supervisor/manager, director of photography, production designer, casting director, production company, production services company or post production services company).* Yes No

If yes, please:

Please provide the name of the individual or company serving as production partner:

a) Provide documentation (*contract, deal memo, or other legal document* between the 2 entities) outlining duties to be performed or that describe the working relationship.

Has the Mississippi resident or Mississippi-based company been pre-qualified by MDA as a production partner? Yes No

If no, production partner must:

b) Complete **Form 300A** AND

c) Provide signed and notarized MDOR Taxpayer Form

Name (*Printed*): _____

Title of Project: _____

Date: _____

Signature: _____

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**MISSISSIPPI MOTION PICTURE INCENTIVE APPLICATION
PRE-QUALIFICATION FORM for MS RESIDENTS AND COMPANIES**

(as related to the Mississippi Motion Picture Incentive Program non-resident payroll rebate)

Certain Mississippi-based companies and residents that have filed income-tax in Mississippi taxes in each of the previous 3 years and have been associated with the production of at least 2 nationally distributed motion pictures in Mississippi within the last 10 years, serving in specific roles/jobs as defined by Mississippi Development Authority will be able to qualify for the non-resident payroll rebate and/or work in partnership with out-of-state companies which will enable the out-of-state production companies to qualify for the non-resident payroll rebate.

**Note: Motion pictures include nationally distributed broadcast/theatrical/streaming commercials, feature/short documentaries, feature/short narratives, video games/VR, television or cable productions.*

Date:

Main Contact

Name:

Company Name:

Title:

Permanent Address:

Mailing Address:

Phone:

Email:

Website (if applicable):

Individual Applicant Information as Director/Producer/Production Partner

I am requesting pre-qualification for the non-resident payroll rebate as a Mississippi resident. I understand that pre-qualification can allow me to serve as a director, producer, or production partner to a motion picture production company, allowing that company to qualify for the non-resident payroll rebate for a film project eligible for the Mississippi Motion Picture Incentive.

YES

NO

I have worked in the following roles on at least 2 nationally distributed motion pictures produced in Mississippi within the last 10 years which would enable me to serve as a production partner. **Credits will be verified.*

Role	Title of Film Project	Project Type	Year Produced
<input type="checkbox"/> Director			
	1.		
	2.		
<input type="checkbox"/> Producer			
	1.		
	2.		
<input type="checkbox"/> Line Producer/Production Supervisor/UPM			
	1.		
	2.		
<input type="checkbox"/> Casting Director			
	1.		
	2.		

<input type="checkbox"/> Director of Photography			
	1.		
	2.		
<input type="checkbox"/> Production Designer			
	1.		
	2.		

Production Company Applicant Information		
I am requesting pre-qualification for my production company, production services company, or post-production company as a Mississippi-based company. I understand that pre-qualification can allow my company to serve as a production partner (as a company providing services, rental space, and/or equipment that is or are specific to film/video/media production or post-production) to a motion picture production company, allowing that company to qualify for the non-resident payroll rebate for a film project eligible for the Mississippi Motion Picture Incentive.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

My company has provided services to at least 2 nationally distributed motion pictures produced in Mississippi within the last 10 years.
 *Please provide rental/service agreements and copies of check stubs or bank statement for verification.

Role	Title of Film Project	Project Type	Year Produced
<input type="checkbox"/> Production Company			
	1.		
	2.		
<input type="checkbox"/> Production Services Company			
	1.		
	2.		
<input type="checkbox"/> Post-Production / Visual Effects / Virtual Reality / Video Game Production Facility			
	1.		
	2.		

Tax Requirement		
Have you and/or your company filed taxes during each of the previous 3 years in Mississippi?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*Please sign and notarize attached waiver from Mississippi Department of Revenue.		

I attest the individual or production company applying for pre-qualification does not include any business organization, partnership or sole proprietorship that is owned, affiliated, or controlled, in whole or in part, by any company or person which is in default on a loan made by the State of Mississippi or a loan guaranteed by the State of Mississippi, or any company or person who has ever declared bankruptcy under which an obligation of the company or person to pay or repay public funds or monies was discharged as a part of such bankruptcy.

Name (Printed): _____

Signature: _____ Date: _____

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**WAIVER AND AUTHORIZATION TO RELEASE
CONFIDENTIAL TAXPAYER INFORMATION**

Pursuant to Miss. Code Ann. § 27-3-83(6), the below named taxpayer hereby waives the confidentiality provisions of Miss. Code Ann. §§ 27-3-73, 27-7-83, and 27-13-57, as it pertains to any information provided or reviewed relating to an application for a Motion Picture Production Company Rebate. Specifically, the Department of Revenue is authorized to notify the Mississippi Development Authority as to whether the taxpayer below has filed income tax returns for each of the previous three (3) years.

INSTRUCTIONS FOR SIGNING

This waiver and authorization must be signed by the taxpayer. In the case of a liability of an individual, this form must be signed by that individual. In the case of an income tax liability for two individuals jointly, this form must be signed by either of the individuals with respect to whom the liability applies. In the case of a partnership, this form must be signed by any member of the partnership during any part of the period covered by the liability as well as a current member of the partnership. In the case of a member managed limited liability company, this form must be signed by any person who was a member of the limited liability company during any part of the period covered by the liability as well as a current member of the limited liability company. In the case of manager managed limited liability company, this form must be signed by any manager of the limited liability company. In the case of a return of a corporation, this form must be signed by a principal officer of the corporation and attested to by the corporation's secretary or other officer.

This the _____ day of _____, 20_____.

ATTEST (In the case of corporations)

Taxpayer Name (Print or Type)

By: _____

Social Security Number or FEIN

Title: _____

Signature

Capacity: _____

ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____, who acknowledged that he/she executed the above and foregoing instrument after having been duly authorized so to do.

Notary Public
