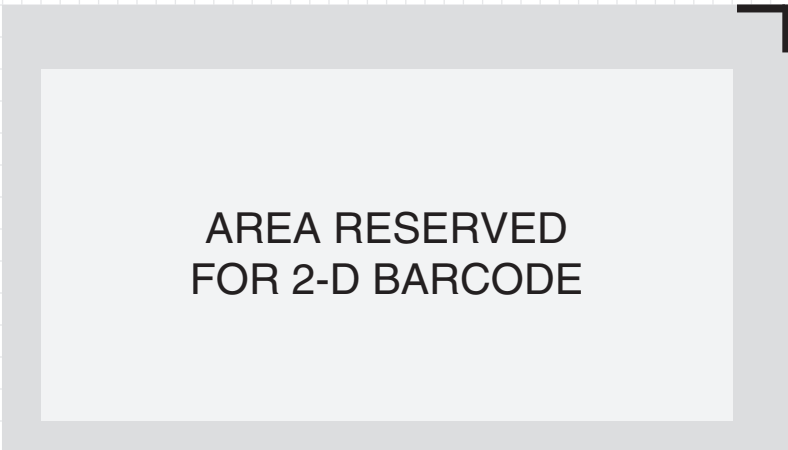
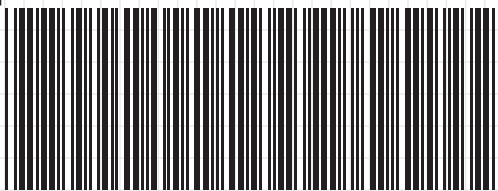


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2018 Refundable Film Credit

XXXXXXXXXXXXXX

Motion Picture Production Company

TAXPAYERNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX IDNUMBERXXX SOCIALSECNO
STREETADDRESSXXXXXXXXXX CITYTOWNPOSTOFFICEXXXXXX ST ZIP+FOURX

Designated production company representative

Telephone

E-mail address

FIRSTNAMEXXXXXX I LASTNAMEXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX

Massachusetts start date

Massachusetts end date

XXXXXXXXXX

XXXXXXXXXX

a. Check if this credit originated from a pass-through entity

b. If Yes, enter name and ID number of the pass-through entity IDENTIFICNO NAMEOFPTXXXXXXXXXXXXXXXXXXXXXXXXXX

1. Amount of film credit (from Application for Payroll/Production Credit) 1 XXXXXXXXXXXXX

Enter certificate number XXXXXXXXXXXXX

2. Tax after credits 2 XXXXXXXXXXXXX

3. Subtract line 2 from line 1 3 XXXXXXXXXXXXX

4. Refundable film credit. Multiply line 3 by .9. You must enclose Schedule RFC with your return 4 XXXXXXXXXXXXX

I declare under the pains and penalties of perjury, that to the best of my knowledge, the information contained herein is accurate and complete.

Signature

Date

XXXXXXXXXX

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