

Return all forms and attachments to:

Motion Picture Production Tax Incentives Program
Arizona Department of Commerce
1700 W. Washington, Suite 600
Phoenix, AZ 85007

Questions regarding Motion Picture Production
Tax Incentives can be directed to
motionpicture@azcommerce.com

**Arizona Department of Commerce
Motion Picture Production Tax Incentives Program**

VOLUNTARY RELINQUISHMENT OF TAX CREDITS
(For tax incentives under A.R.S. § 41-1517)

Section A. Company Information

Company Name	_____	FEI Number	_____
Mailing Address	_____	City, State & Zip	_____
Contact Name	_____	Contact Phone	_____
Email Address	_____		

Section B. Motion Picture Production Tax Credit Information

Priority Placement Number _____

Pre-Approved Tax Credit Amount \$ _____

Pre-Approval/Re-Qual Effective Date _____ Pre-Approval/Re-Qual Expiration Date _____

Was the initial application based on a single production or an aggregated group of productions?

Please list each production. (Use an attachment if more space is needed.)

1. _____
2. _____
3. _____
4. _____
5. _____

Please state the reason for relinquishment of tax credits. (Use an attachment if more space is needed.)

Section C. Affidavit

As an officer of the company, I certify under penalty of perjury that the information contained herein is true and correct according to my best belief and knowledge and the company:

- Is voluntarily relinquishing any and all rights to the entire pre-approved tax credit amount;
- Was not coerced into making the decision to voluntarily relinquish the tax credits;
- Understands that its priority placement number will be lost for purposes of the tax credit allocation process. However, the priority placement number may remain valid for the transaction privilege and use tax exemption purposes as long as the productions listed in the initial application are completed; and
- Agrees that once the tax credits are relinquished, the company is prohibited from claiming, using, carrying forward, selling or transferring the relinquished tax credits.

Signature of Authorized Officer

Title

Print Name

Date