

Transfer of Film Production Credits

20_____

A. Transferor Information

1. Name		2. FEIN or SSN XX - XXX - _____	
3. Address			Suite Number
4. City		State	Zip Code
5. Email		Phone Number	
6. Check if the credit is being transferred by a single owner of a disregarded entity: ☐		7. Disregarded entity FEIN XX - XXX - _____	
8. Check if you want to allow the contact person listed below to discuss information about this form with the department: ☐			
9. Contact Person		Email	

B. Transferee Information

1. Entity Legal Name (if applicable)			2. Federal Employer ID Number XX - XXX - _____
3. Legal Last Name	Legal First Name	M.I.	4. Social Security Number XXX - XX - _____
5. If LLC, how is LLC classified? ☐ Partnership ☐ Corporation ☐ Disregarded entity			6. Disregarded Entity's FEIN XXX - XX - _____

C. Credit Information

1 Film production services credit being transferred 1 00

2 Film production investment company credit being transferred 2 00

D. Signature of Transferor

☐ I hereby certify that to the best of my knowledge and belief that the above-listed transferee is subject to Wisconsin income or franchise tax under s. 71.02, 71.23, or 71.43, Wis. Stats., or is selling or otherwise transferring the credit to another person who is subject to Wisconsin income or franchise tax under s. 71.02, 71.23, or 71.43, Wis. Stats.

Print Name	Signature	Date
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