RPD-41366 Rev. 11/30/2016

## State of New Mexico - Taxation and Revenue Department Notice of Distribution of Film Production Tax Credit

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The purpose of this form. Use RPD-41366, *Notice of Distribution of Film Production Tax Credit*, to report to the Taxation and Revenue Department (TRD) a distribution of approved film production tax credit from a pass-through entity (PTE) to an owner, member, or partner. If the approved film production company is required to file a New Mexico PTE return, you must complete and attach this form to RPD-41229, *Application for Film Production Tax Credit* or RPD-41381, *Application for Film and Television Tax Credit*, when applying for either credit, but no later than the date TRD approves the respective credit. Do not complete the fields marked **to be completed by TRD**. TRD will complete these fields when approving the film production tax credit. The amount of tax credit distributed is based on the percentage of claim provided. See the instructions for RPD-41229 or RPD-41381 for complete details.

Attach this form to the completed RPD-41229 or RPD-41381 submitted to TRD. For the status of a credit application, call (505) 841-6338 or send an email to <a href="mailto:TRD-FilmCredit@state.nm.us">TRD-FilmCredit@state.nm.us</a>.

Film production ta	x credit transferred:	(to be c	ompleted by TRD)			
Film production tax credit approval number:	Film production tax credit approval date:	Amount	of film production tax (	credit approve	ed:	
Transferred from: (	to be completed by applic	cant)			_	
Name of PTE				S	SN or FEIN	
Name of contact (if applicable)		Phone number		E-mail address		
Under penalty of perjur belief, it is true, correct,	ry, I certify that I have exa , and complete.	amined th	nis form and attach	ments and t	to the best	of my knowledge and
Signature of the PTE authorized representati	ive			Date		
Transferred to:						
Name of owner, member, or p	partner		SSN	Percen	t of claim	Amount to be completed by TRD
Name of owner, member, or partner			SSN	Percen	t of claim	Amount to be completed by TRD
			FEIN			
Name of owner, member, or partner			SSN	Percen	t of claim	Amount to be completed by TRD
			FEIN			
Name of owner, member, or partner			SSN		Percent of claim	Amount to be completed by TRD
			FEIN			, , , , , , , , , ,
Name of owner, member, or partner			SSN	Percen	t of claim	Amount to be completed by TRD
			FEIN			
Name of owner, member, or p	partner		ISSN	Percen	t of claim	Amount
			FEIN		or oralli	to be completed by TRD
Name of owner, member, or partner	partner		SSN	Percen	t of claim	Amount
			FEIN			to be completed by TRD

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Name of owner, member, or partner	SSN	Percent of claim	Amount to be completed by TRD
	FEIN		, , , , , , , , , , , , , , , , , , , ,
Name of owner, member, or partner	ISSN	Percent of claim	Amount
	FEIN		to be completed by TRD
	FEIN		
Name of the same o	Loon		
Name of owner, member, or partner	SSN	Percent of claim	Amount to be completed by TRD
	FEIN		
Name of owner, member, or partner	SSN	Percent of claim	Amount to be completed by TRD
	FEIN	_	to be completed by TRD
Name of owner, member, or partner	SSN	Percent of claim	Amount to be completed by TRD
	FEIN	_	to be completed by TND
Name of owner, member, or partner	SSN	Percent of claim	Amount
	FFIN		to be completed by TRD
	FEIN		
Name of owner, member, or partner	ISSN	Percent of claim	Amount
The state of the s			to be completed by TRD
	FEIN		
Name of owner, member, or partner	SSN	Percent of claim	Amount
Traine of owner, member, or parties			to be completed by TRD
	FEIN		
Name of owner, member, or partner	SSN	Percent of claim	Amount
	FEIN		to be completed by TRD
Name of owner, member, or partner	SSN	Percent of claim	Amount
			to be completed by TRD
	FEIN		
Name of owner, member, or partner	SSN	Percent of claim	Amount
			to be completed by TRD
	FEIN		
Name of owner member or neglect	LOOM	Danagh of claim	I A mount
Name of owner, member, or partner	SSN	Percent of claim	Amount to be completed by TRD
	FEIN		
Name of owner, member, or partner	SSN	Percent of claim	Amount
		. Siscin of daim	to be completed by TRD
	FEIN		