



**Form 841ME**

Maine Revenue Services  
Certified Visual Media Production  
Wage Reimbursement Application

DO NOT STAPLE OR TAPE FORMS TO YOUR APPLICATION. DO NOT SEND PHOTOCOPIES OF APPLICATION.

Certified Production Company Name: \_\_\_\_\_ Federal Employer ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Production Start Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Production End Date: \_\_\_\_\_

1. Certified Production wages paid to Maine resident individuals (from Schedule 2, line 3 and Schedule 3, line 3) .....	1.	\$	_____	,	_____	,	_____	.00
2. Reimbursement requested for Maine resident individuals (12% of line 1) .....	2.	\$	_____	,	_____	,	_____	.00
3. Certified Production wages paid to nonresident individuals (from Schedule 2, line 4 and Schedule 3, line 4) .....	3.	\$	_____	,	_____	,	_____	.00
4. Reimbursement requested for nonresident individuals (10% of line 3) .....	4.	\$	_____	,	_____	,	_____	.00
5. Total Certified Production wages (line 1 plus line 3) .....	5.	\$	_____	,	_____	,	_____	.00
6. Total reimbursement requested (line 2 plus line 4) .....	6.	\$	_____	,	_____	,	_____	.00

**NOTE:** Complete and attach Schedule 2. Also complete and attach Schedule 3 if required. Reimbursement requests will not be processed until a properly completed Schedule 2 and/or Schedule 3 are received by Maine Revenue Services. Attach a copy of the certified visual media production report submitted to the Department of Economic and Community Development (DECD).

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Paid Preparer's EIN: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person's Email address: \_\_\_\_\_

 **Mail To:** Maine Revenue Services  
P.O. Box 1064  
Augusta, ME 04332-1064

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# SCHEDULE 2 (FORM 841ME) -- Certified Production Company Employees and Non-Employee Performing Artists

Certified Production Company Name: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Federal Entity ID Number:                                      Production Start Date:                                      Production End Date:

List below information relating to amounts claimed on Form 841ME, lines 1 and 3. (See instructions)

	<u>Column 1</u> <u>Employee or Performing</u> <u>Artist Name</u>	<u>Column 2</u> <u>Social Security Number</u>	<u>Columns 3/4</u> <u>Nonresident/</u>		<u>Column 5</u> <u>Certified Production Wages</u>
			<u>3</u>	<u>4</u>	
a.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
b.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
c.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
d.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
e.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
f.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
g.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
h.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
i.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
j.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
k.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
l.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
m.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
n.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
o.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
p.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
q.	_____	_____ - _____ - _____	_____	_____	_____, _____ .00
1.	Total resident certified production wages this page .....1. _____ , _____ , _____ .00				
2.	Total nonresident certified production wages this page .....2. _____ , _____ , _____ .00				
3.	Total resident certified production wages for all Schedule 2 pages (also enter on Form 841ME, line 1) .....3. _____ , _____ , _____ .00				
4.	Total nonresident certified production wages, all Schedule 2 pages (also enter on Form 841ME, line 3).....4. _____ , _____ , _____ .00				

# CERTIFIED VISUAL MEDIA PRODUCTION WAGE REIMBURSEMENT

## GENERAL INSTRUCTIONS

The Visual Media Production tax incentive provides for a partial reimbursement of wages paid to employees working on a visual media production in Maine. Eligible companies are reimbursed 12% of certified production wages paid to residents of Maine and 10% of certified production wages paid to nonresidents. The process required to receive the reimbursement is outlined below.

**Required Certificates.** The visual media production company must obtain certification from the Department of Economic and Community Development (“DECD”). The certificate is applied for prior to the start of the production. A **Visual Media Production Certificate** is issued to the visual media production company meeting all initial program requirements. Once the media production certificate is obtained, the business may begin the qualified production. Within four weeks after completion of the qualified production, the business must submit a certified visual media production report to DECD.

### **Certified Visual Media Production Wage Reimbursement.**

In order to claim the wage reimbursement, the business must file a reimbursement application, Form 841ME, Schedule 2 and Schedule 3 (if required) with MRS within six weeks of filing the certified visual media production report with DECD. The application filed with MRS must contain a list of names, social security numbers and certified production wages or contractual payments paid for each certified production employee, leased employee, non-employee performing artist or other individual contracted to perform services in Maine. In addition, the business must indicate which individuals are not residents of Maine. Eligible reimbursements will be paid within 90 days. Only certified production wages up to \$50,000 for each individual may be used to calculate the wage reimbursement.

Also, you must attach a copy of the certified visual media production report submitted to DECD.

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## SPECIFIC INSTRUCTIONS

### FORM 841ME

Enter Name, Address, City, State, ZIP Code, Federal Employer Identification Number (FEIN), and Production Dates in the appropriate boxes.

**Line 1** Enter the amount from Schedules 2 and 3, line 3.

**Line 2.** Enter the result of line 1 multiplied by 12% (0.12).

**Line 3.** Enter the amount from Schedules 2 and 3, line 4.

**Line 4.** Enter the result of line 3 multiplied by 10% (0.10).

**Line 5.** Enter the sum of line 1 and line 3.

**Line 6.** Enter the sum of line 2 and line 4.

### SCHEDULE 2

All filers requesting reimbursement must complete Schedule 2 for certified production wages and payments made to non-employee performing artists earned during the certified media production period. Additional forms are available on the MRS web site at [maine.gov/revenue/forms](http://maine.gov/revenue/forms).

**Column 1.** Enter the last name, first name and middle initial for each certified production employee and non-employee performing artist who earned wages or payments during the production period.

Employees of temporary employee-leasing companies must be reported separately on Schedule 3.

**Column 2.** Enter the social security number for each individual listed in Column 1.

**Column 3.** Enter an “X” in the box if the individual in Column 1 is **not** a resident of Maine.

If the individual is a Maine resident, the media production company must retain a copy of the individual’s Residency Affidavit on file for at least three years. This form is available on the MRS web site at [maine.gov/revenue/forms](http://maine.gov/revenue/forms).

**Column 4.** Enter an “X” in the box if the individual in Column 1 is a non-employee performing artist.

**Column 5.** Enter the “certified production wages” for each individual listed in Column 1. “Certified production wages” are wages and other payments made during the certified visual media production period for personal services performed with respect to the production. The wages must have been subject to Maine income tax withholding to qualify. “Certified production wages” do not include payment in excess of \$50,000 paid to any single individual for personal services rendered in connection with a particular certified visual media production. See 36 MRSA § 6901.

**Line 1.** Enter the total “certified production wages” for Maine resident individuals listed on the page.

**Line 2.** Enter the total “certified production wages” for nonresident individuals listed on the page.

**Line 3.** Enter the sum of Maine resident “certified production wages” for all pages of Schedule 2 submitted. Also, enter this amount, combined with the amount from Schedule 3, line 3, on Form 841ME, line 1.

**Line 4.** Enter the sum of nonresident “certified production wages” for all pages of Schedule 2 being submitted. Also, enter this amount, combined with the amount from Schedule 3, line 4, on Form 841ME, line 3.

**Important:** If all required lines and schedules are not completed, your reimbursement request cannot be processed.

# SCHEDULE 3 (FORM 841ME) -- Temporary Employee-Leasing Company Employees

Certified Production Company Name: \_\_\_\_\_

\_\_\_\_\_

Federal EIN:

\_\_\_\_\_

Production Start Date:

\_\_\_\_\_

Production End Date:

\_\_\_\_\_

Employee Leasing Company Name:

\_\_\_\_\_

EIN:

List below information relating to amounts claimed on Form 841ME, lines 1 and 3. (See instructions)

	<b>Column 1 Employee Name</b>	<b>Column 2 Social Security Number</b>	<b>Column 3 Nonresident</b>	<b>Column 4 Certified Production Wages</b>
a.	_____	_____ - _____ - _____	_____	_____, _____.00
b.	_____	_____ - _____ - _____	_____	_____, _____.00
c.	_____	_____ - _____ - _____	_____	_____, _____.00
d.	_____	_____ - _____ - _____	_____	_____, _____.00
e.	_____	_____ - _____ - _____	_____	_____, _____.00
f.	_____	_____ - _____ - _____	_____	_____, _____.00
g.	_____	_____ - _____ - _____	_____	_____, _____.00
h.	_____	_____ - _____ - _____	_____	_____, _____.00
i.	_____	_____ - _____ - _____	_____	_____, _____.00
j.	_____	_____ - _____ - _____	_____	_____, _____.00
k.	_____	_____ - _____ - _____	_____	_____, _____.00
l.	_____	_____ - _____ - _____	_____	_____, _____.00
m.	_____	_____ - _____ - _____	_____	_____, _____.00
n.	_____	_____ - _____ - _____	_____	_____, _____.00
o.	_____	_____ - _____ - _____	_____	_____, _____.00
p.	_____	_____ - _____ - _____	_____	_____, _____.00
1.	Total resident payments this page .....		1.	_____, _____.00
2.	Total nonresident payments this page .....		2.	_____, _____.00
3.	Total resident payments for all Schedule 3 pages (also enter on Form 841ME, line 1) .....		3.	_____, _____.00
4.	Total nonresident payments, all Schedule 3 pages (also enter on Form 841ME, line 3) .....		4.	_____, _____.00

# CERTIFIED VISUAL MEDIA PRODUCTION WAGE REIMBURSEMENT

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Also, you must attach a copy of the certified visual media production report submitted to DECD.

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## SPECIFIC INSTRUCTIONS

### **FORM 841ME**

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**Line 2.** Enter the result of line 1 multiplied by 12% (0.12).

**Line 3.** Enter the amount from Schedules 2 and 3, line 4.

**Line 4.** Enter the result of line 3 multiplied by 10% (0.10).

**Line 5.** Enter the sum of line 1 and line 3.

**Line 6.** Enter the sum of line 2 and line 4.

### **SCHEDULE 3**

All filers requesting reimbursement must complete Schedule 3 for payments made to temporary leasing companies for employees performing personal services directly related to the certified media production. For purposes of Form 841ME and Schedule 3, these payments are also known as “certified production wages.” Additional Forms Schedule 3 are available on the MRS web site at [maine.gov/revenue/forms](http://maine.gov/revenue/forms).

**Column 1.** Enter the last name, first name and middle initial for each temporary employee leasing company employee who earned wages during the production period.

**Column 2.** Enter the social security number for each individual listed in Column 1.

**Column 3.** Enter an “X” in the box if the individual in Column 1 is **not** a resident of Maine.

If the individual is a Maine resident, the media production company must retain a copy of the individual’s Residency Affidavit on file for at least three years. This form is available on the MRS web site at [maine.gov/revenue/forms](http://maine.gov/revenue/forms).

**Column 4.** Enter the payments made to the temporary employee-leasing company with respect to each individual listed in Column 1. The payments must be directly related to the certified visual media production. Do not enter amounts in excess of \$50,000 paid for any single individual for personal services rendered in connection with a particular certified visual media production. See 36 MRSA § 6901.

**Line 1.** Enter total payments for Maine resident individuals listed on the page.

**Line 2.** Enter total payments for nonresident individuals listed on the page.

**Line 3.** Enter the sum of Maine resident payments for all pages of Schedule 3 submitted. Also, enter this amount, combined with the amount from Schedule 2, line 3, on Form 841ME, line 1.

**Line 4.** Enter the sum of nonresident payments for all pages of Schedule 3 being submitted. Also, enter this amount, combined with the amount from Schedule 2, line 4, on Form 841ME, line 3.

**Important:** If all required lines and schedules are not completed, your reimbursement request cannot be processed.