State of New Mexico - Taxation and Revenue Department

RPD-41366 Int. 01/23/2012

Notice of Distribution of Film Production Tax Credit

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Purpose of this Form.

Form RPD-41366, *Notice of Distribution of Film Production Tax Credit*, must be used 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, this form must be completed and attached to Form RPD-41229, *Application for Film Production Tax Credit*, at the time of making application for the credit, but no later than the date the credit is approved by TRD. Do not complete the fields marked "to be completed by TRD". The Department will complete these fields once the film production tax credit is approved. The amount of tax credit distributed will be based on the percentage of claim provided. See the instructions for Form RPD-41229 for complete details.

Attach this form to the completed RPD-41229 and mail to New Mexico Taxation and Revenue Department, Attn: Director's Office, P.O. Box 8485, Albuquerque, New Mexico 87198-8485. For the status of the credit application, call (505) 841-6478.

Film production ta	x credit transferred:	(to be c	ompleted by TRD)			
	Film production tax credit approval date:	Amount of	of film production tax c	redit approved:		
Transferred from:	(to be completed by applic	cant)			•	
Name of PTE		-		SSN	or FEIN	
Name of contact (if applicable	le)		Phone number	E-	-mail address	
belief, it is true, correct	ry, I certify that I have exa t and complete.	amined th	I nis form and attachn	nents and to the	he best of	my knowledge and
Signature of the PTE authorized representate	tive			Date		
Transferred to:						
Name of owner, member or	partner		SSN FEIN	Percent of	claim	Amount - to be completed by TRD
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Name of owner, member or partner			SSN	Percent of	Percent of claim	Amount - 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			

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Name of owner, member or partner	SSN	Percent of claim	Amount - to be completed by TRD
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Name of owner, member or partner	SSN	Percent of claim	Amount -
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