

## Film Production Credit Residency Declaration

MONTANA FPC-RD Rev 04 11

## What is the purpose of this form?

A film production company claiming the employment production credit based on wages or salaries paid to Montana residents for work performed on a film produced in Montana is required to have each employee complete a residency declaration form. This form is not required to be submitted to the Department of Revenue, but is required to be retained by the production company as a tax record and provided to the Department of Revenue upon request.

Name					Social Security Number
Addre	ss (ent	er your physical Montan	a address – this c	cannot be a post office	ce box number)
City			State	Zip Code	Telephone Number
Title of Film Project				Montana Film Certification Number	
1.	Are you presently a resident of Montana? See Residency below.				☐ Yes ☐ No
2.	Do you anticipate changing your residency status during the time			☐ Yes ☐ No	
you are expected to work on the film project?  3. What evidence have you provided the film production company to show residen					
0.	A valid Montana driver's license.				new residency in memana.
				9	
		A current Montana voter registration card.			
		Enter the registering county name here.			
		A copy of last year's Montana individual income tax return.  Other: If you cannot provide one of the previous three forms, other evidence may be acceptable. For example, a minor may present his or her parent's proof of residency. Other evidence should be clear and convincing, and show intent to maintain a permanent residence in Montana. Proof of ownership of property or establishing an abode in Montana is not acceptable unless it is supplemented by other information showing intent.  Please specify:			
		Flease specify			
your pe	ermane le. A ch	ent home; it is the place t	o which you inten blished only by es	d to return after any tablishing a physical	to be domiciled in Montana. Your domicile is temporary absence. You can have only one presence in a new location with intent to tly or indefinitely.
By sigr correct	•	d dating this form, the ur	ndersigned is atte	sting that the informa	ation contained in this declaration is true and
		Signa	:ure		Date

Questions? Call toll free (866) 859-2254 (in Helena, 444-6900).