Notice of Distribution of Film Production Tax Credit

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 submitted to the New Mexico Taxation and Revenue Department. For the status of the credit application, call (505) 841-6478.

Film production tax credit transferred: (to be completed by TRD)

 Film production tax credit approval date:	Amount of film production tax credit approved:

Transferred from: (to be completed by applicant)

Name of PTE		S	SSN or FEIN	
Name of contact (if applicable)	Phone number		E-mail address	
Under penalty of perjury, I certify that I have examined belief, it is true, correct and complete.	d this form and attachments	and to	o the best of my knowledge and	
Signature of the PTE authorized representative		Date		

Transferred to:

Name of owner, member or partner	SSN FEIN	Percent of claim	Amount - to be completed by TRD
Name of owner, member or partner	SSN FEIN	Percent of claim	Amount - to be completed by TRD
Name of owner, member or partner	SSN FEIN	Percent of claim	Amount - to be completed by TRD
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State of New Mexico - Taxation and Revenue Department

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Reproduce this page if additional pages are needed.

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