RPD-41366 Rev. 10/23/2014

State of New Mexico - Taxation and Revenue Department

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 submitted to the New Mexico Taxation and Revenue Department. For the status of the credit application, call (505) 827-0929.

Film production to	ax 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 c	credit approved	:	
Transferred from:	(to be completed by appl	licant)			_	
Name of PTE		<u> </u>		SS	N or FEIN	
Name of contact (if applicat	ole)		Phone number		E-mail addro	ess
Under penalty of perjubelief, it is true, correct Signature of the PTE	ury, I certify that I have ex et and complete.	kamined th	nis form and attachi	ments and to	the best	of my knowledge and
authorized representa	ative			Date _		
Transferred to:						
Name of owner, member or	partner		SSN	Percent of	of claim	Amount - to be completed by TRD
			FEIN			
Name of owner, member or	partner		SSN	Percent of	of claim	Amount - to be completed by TRD
			FEIN			to be completed by The
Name of owner, member or	partner		SSN	Percent of	of claim	Amount -
			FEIN			to be completed by TRD
Name of owner, member or	partner		SSN	Percent of	of claim	Amount -
			FEIN			to be completed by TRD
Name of owner member or	northor		LCCN	In	f -1-1-	I Amount
Name of owner, member or	partilei		SSN	Percent o	or ciaim	Amount - to be completed by TRD
			FEIN			
Name of owner, member or	partner		SSN	Percent of	of claim	Amount -
			FEIN			to be completed by TRD
Name of owner, member or	partner		SSN	Percent of	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	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 -
	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 TRD
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 - 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
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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 - to be completed by TRD
	FEIN		