

**VIRGINIA**  
**Form MPC**

**Refund Request**  
**Virginia Motion Picture Production Tax Credit**

Tax Year \_\_\_\_\_

By submitting this form, a pass-through entity (PTE) may request a direct refund of the Virginia Motion Picture Production Tax Credit instead of allocating the credit to individual partners, shareholders or members. Any credit amount refunded directly to the PTE may not be allocated to the entity owners on the Virginia Schedule VK-1 or claimed on the Virginia income tax return of any entity owner.

Before a refund can be issued, the PTE must file the Virginia pass-through entity return, Form 502, for the current period and be registered with the Department. Visit [www.tax.virginia.gov](http://www.tax.virginia.gov) to register online or download and complete the registration application, Form R-1, if the PTE has not registered or filed tax returns previously with the Department. Form 502 and the Form 502 instructions are also available on the Department's website.

**You must attach a copy of the credit certificate issued by the Virginia Film Office.**

<b>Section I: Credit Holder Information</b>		
Legal Entity Name		FEIN
Trade Name		Contact Name
Street Address		
City, State, ZIP Code		
Contact Phone Number	Contact FAX Number	Contact Email

Entity Type: (Check One)     Partnership                       LLC                       Other \_\_\_\_\_

Amount of Refund Requested \_\_\_\_\_

<b>Section II: Authorized Representative Information</b>		
Name		Title
Business Name		Affiliation
Street Address		
City, State, ZIP Code		
Phone Number	FAX Number	Email

**Section III: Declaration**

I, the undersigned owner or representative authorized to act on behalf of the PTE identified in Section I, above, declare, under the penalties provided by law, that this form (including any accompanying schedules, statements, and attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the income tax laws of the Commonwealth of Virginia. I certify that all owners of the PTE agree to this request for the tax credit refund to be issued directly to the PTE. Additionally, I certify that any credit amount that is refunded directly to the PTE will not be allocated to the entity owners on Virginia Schedule VK-1 or claimed on any Virginia income tax return by any entity owner.

Signature of Owner or Authorized Representative	Title	Date
Printed Name	Phone Number	

**Mail to: Virginia Department of Taxation**  
**Tax Credit Unit**  
**PO Box 715**  
**Richmond, VA 23218-0715**

**Fax to: 804-786-2800**

**For assistance call: 804-786-2992**