TAXABLE YEAR

2021

CALIFORNIA FORM

Sale of Credit Attributable to an Independent Film

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- 65	-	-	7
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Pa	rt I – S	eller and Buyer Information. See instruction	ns.								
		the box if the seller is a Single Member Lir									
		e an LLC please choose the appropriate box	selecting y	our election to	be treated a	s a 🗌	partnersh	ip 🗆	corporation		
	Name on	ne on CFC Tax Credit Certificate. All sellers complete.						SSN or ITIN CA Corporation no. FEIN			
	Address ((suite, room, PO Box, or PMB no.)					CA Secre	CA Secretary of State file number			
eller	City						State	Zip co	Zip code		
S	Partner, n	ner, member, or shareholder name. Leave blank, if same name as above.					□SSN o	SSN or ITIN CA Corporation no. FEIN			
	Address (ess (suite, room, PO Box, or PMB no.)					CA Secre	CA Secretary of State file number			
	City						State	Zip co	ode		
	Buyer nar	r name					☐SSN o	SSN or ITIN CA Corporation no. FEIN			
Buyer	Address ((suite, room, PO Box, or PMB no.)				CA Secre	CA Secretary of State file number				
m	City						State	Zip co	ode		
— Pa	rt II –	Independent Film Questionnaire. See instr	uctions.								
2.	Yes No. To dete a Did b Is the c Is the lf you a Did this	e credit being sold attributable to an independent film? See instructions, General Information B, Definitions. Yes. Go to question 2. No. Stop . The credit cannot be sold. Only a credit attributable to an independent film can be sold. Do not complete the rest of the form. etermine if the credit can be sold, answer the following questions: Oid you purchase the credit from another taxpayer?									
Pa	rt III –	Credit Information. See instructions.									
4 From CFC Tax Credit Certificate, enter: Tax Credit Certificate No.: Seller's Permit No.:							l amount of distributive share of credit if seller is a ner, member, or shareholder. See instructions.				
7 Total amount of credit being sold.					amount of credit seller applied or will apply to CDTFA fied sales and use taxes.						
Sig He		Seller's or Officer's signature		Title			Date		Telephone		
Pai Pre	d parer's	Preparer's signature ▶	_		Date		Check if sel employed		PTIN		
Use Only		Firm's name (or yours, if self-employed) and address						_	Firm's FEIN		
		May the FTB discuss this form with the preparer shown above? Yes						No	_ Telephone		