TAXABLE YEARSale of Credit Attributable to an2025Independent Film

3551

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|--|---|---|--------------------------------|---|--|--|--|--|--|
| Pa | Seller and Buyer Information. See instruction | | | | | | | | |
| | \Box Check the box if the seller is a single member limited liability company (SMLLC). | | | | | | | | |
| | If you are an LLC please choose the appropriate box | s a 🛛 partners | ship 🗌 corporation | | | | | | |
| | Name on CFC Tax Credit Certificate. All sellers complete. | | SSN | or ITIN CA Corporation no. | | | | | |
| | | | | | | | | | |
| | Address (suite, room, PO box, or PMB no.) | | CA Sec | CA Secretary of State file number | | | | | |
| | | | | | | | | | |
| | City | | State | Zip code | | | | | |
| P | | | | | | | | | |
| Seller | | | | | | | | | |
| Ň | Partner, member, or shareholder name. Leave blank, if san | SSN | SSN or ITIN CA Corporation no. | | | | | | |
| | | | | | | | | | |
| | Address (suite, room, PO box, or PMB no.) | | | CA Secretary of State file number | | | | | |
| | | | | | | | | | |
| | City | | State | Zip code | | | | | |
| | | | | | | | | | |
| | Buyer name | | | SSN or ITIN CA Corporation no. | | | | | |
| | | | | | | | | | |
| Buyer | Address (suite, room, PO box, or PMB no.) | | | CA Secretary of State file number | | | | | |
| 5 | | | | | | | | | |
| 0 | City | | State | Zip code | | | | | |
| | | | | | | | | | |
| Pa | art II Independent Film Questionnaire. See instr | uctions. | 1 | 1 | | | | | |
| | Is the credit being sold attributable to an independent film? See instructions, General Information B, Definitions. | | | | | | | | |
| - | \Box 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. | | | | | | | |
| 2 | a Did you purchase the credit from another taxpayer? Yes Yes | | | | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | c Is the buyer a related party? | | | | | | | | |
| | If you answer " Yes " to any of the questions, STOF | | molata the rest | of the form | | | | | |
| | | | | | | | | | |
| If you answer " No " to all of the questions (in question 2), go to question 3. 3. Did this credit pass-through more than one entity? | | | | | | | | | |
| 3 | | | or Dort II) them | as to Dart III. If "Ne " as to Dart III | | | | | |
| | If you answer " Yes ," you are required to attach an | auditional schedule (see instructions f | or Part II), thên | go to Part III. IT NO , [°] go to Part III. | | | | | |
| Pa | art III Credit Information. See instructions. | | | | | | | | |
| 4 From CFC Tax Credit Certificate, enter: 5 Final Tax Credit amount shown on 6 Total amount of distributive share of credit if s | | | | | | | | | |
| | | | | rtner, member, or shareholder. See instructions. | | | | | |
| Ta | x Credit Certificate No.: | | | | | | | | |
| ~ | | | | | | | | | |
| Se | Iler's Permit No.: | - | | | | | | | |
| 7 | Total amount of credit being sold. | | | otal amount of credit seller applied or will apply to CDTFA | | | | | |
| | | received. | | alified sales and use taxes. | | | | | |
| | | | | | | | | | |

| Sign Here | Seller's or Officer's signature | Title | | Date | Telephone |
|------------------------|--|-------------|------|------------------------------|-----------|
| Paid | Preparer's signature | | Date | Check if self- employed ► | PTIN |
| Preparer's Use Only | Firm's name (or yours, if self-employed) and address | Firm's FEIN | | | |
| | May the FTB discuss this form with the preparer | Telephone | | | |
| | way the FID discuss this form with the preparer | | | | |

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