

Date Stamp: ( For Internal use) \_\_\_\_\_

SECTION 1: Applicant Information	
Legal Name: _____	
Trade Name (If different from legal name): _____	
Mailing Address:	Location Address:
Phone Number: (    )	Fax Number: (    )
Federal Business Number:	Incorporation Number:
E-Mail Address:	Website:
Fiscal Year-End:	Primary Activity of the Corporation: _____
Does the Corporation have a Permanent Establishment in the Province? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
Is this corporation associated as per subsection 256(1) of the <i>Income Tax Act, Canada</i> ? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
Is the applicant controlled directly or indirectly by a non-resident or by a corporation(s) without a permanent establishment in the province? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
Is any of the corporation's income taxable under Part 1 of the <i>Income Tax Act, Canada</i> ? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> (If No, please explain) _____	
Has this corporation received any government assistance? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> If yes, please attach details.	
Name of Officer or Designated Contact: _____	Title of Officer or Designated Contact: _____

<b>SECTION 2: Product Information</b>	
Product Title: _____	
Any previous titles? If so, please provide: _____	
Date work commenced on product: _____	
Product Completed? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
If yes, date of completion: _____ If no, expected date of completion: _____	
Is this product being completed for sale or license to: Government, Agency of Government, Municipality, An Agency of a Municipality, Corporation Controlled by Government or a Municipality? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
What is the primary purpose of the interactive digital media product? _____	
Genre of product (check all that apply): <input type="checkbox"/> Website <input type="checkbox"/> Education <input type="checkbox"/> Game <input type="checkbox"/> Instructional <input type="checkbox"/> Other _____	
Is the product designed to be used interactively by individuals? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
Does the product include the characteristics of Feedback, Control or Adaptation? <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	
Does the product contain:	
	<b>Yes</b> <b>No</b>
Images	<input type="checkbox"/> <input type="checkbox"/>
Text	<input type="checkbox"/> <input type="checkbox"/>
Sound	<input type="checkbox"/> <input type="checkbox"/>
How will the completed product be distributed?	
	<b>Yes</b> <b>No</b>
Online	<input type="checkbox"/> <input type="checkbox"/>
Read Only Media	<input type="checkbox"/> <input type="checkbox"/>
Wireless	<input type="checkbox"/> <input type="checkbox"/>
Console	<input type="checkbox"/> <input type="checkbox"/>
If other, please specify _____	
What is the rating or likely rating of this product by the Entertainment Software Rating Board? _____	
Is the project eligible for a research and development tax credit under Section 42 of the <i>Income Tax Act, 2000</i> ?	Is the project eligible for a film or video tax credit under Section 45 of the <i>Income Tax Act, 2000</i> ?
<input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>

<b>Anticipated Production Schedule:</b>				
	<b>Start Date</b>	<b>End Date</b>		
Prototyping	_____	_____		
Development	_____	_____		
Marketing and Distribution	_____	_____		
What is the expected revenue from the sale of the eligible product? \$ _____				
Please provide the breakdown of anticipated eligible salaries and remuneration for the project:				
Inside Newfoundland and Labrador: \$ _____				
Outside Newfoundland and Labrador: \$ _____				
<b>Expected Project Costs by Tax Year</b>				
	Tax Year 1	Tax Year 2	Tax Year 3	Total
Eligible Salaries				
Eligible Remuneration				
Estimated Value of the Tax Credit				
Marketing Costs				
Other Expenditures				
Government Assistance				

<b>SECTION 3: Required Documents</b>			
<b>Please ensure that all of the following documents are included with the PART I application.</b>			
		<b>Included?</b>	
		<b>Yes</b>	<b>No</b>
1.	Incorporating Documents for the Eligible Corporation, including any Subsequent Amendments since Incorporation.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Copy of Corporate Income Tax Return (T2) Schedules 9, 23 and 50 <i>(Required when the Corporation is Associated with any other Corporation)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Corporate Chart <i>(Required when the Corporation Conducts Business with Non-arm's Length Corporations)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Thorough Description of the Project (i.e.: Technical Specifications, Product Documentation, Storyboard, Interactive Features, Images, Text and Sound)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Development Timeline	<input type="checkbox"/>	<input type="checkbox"/>
6.	List of Estimated Eligible Salaries	<input type="checkbox"/>	<input type="checkbox"/>
7.	List of Estimated Eligible Remuneration	<input type="checkbox"/>	<input type="checkbox"/>
8.	Detailed List of Estimated Product Costs	<input type="checkbox"/>	<input type="checkbox"/>
9.	Financial Statements for the Preceding Taxation Year	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: Declaration**

I certify that I am an authorized signing officer of the applicant corporation (“the Corporation”), that the information contained in this application and its inclusions has been examined by me and is true and correct, and that the Corporation is eligible for a certificate of registration in respect of the Newfoundland and Labrador Interactive Digital Media Tax Credit to the best of my knowledge and belief.

On behalf of the Corporation, I expressly consent to the information in this application being used by the Province of Newfoundland and Labrador to publish in a public document or report, or on a public website, the name of the Corporation and the amount of the Interactive Digital Media Tax Credit issued to the Corporation. This express consent also extends to the sharing of information collected in this application with officials of the Canada Revenue Agency and the Newfoundland and Labrador Film Development Corporation to determine eligibility, and within departments of the Government of Newfoundland and Labrador for the purposes of analysis, evaluation, statistical reporting or development of tax policy.

I also hereby acknowledge on behalf of the Corporation that personal information is collected for the administration of this program. This information is kept confidential and handled as required by applicable privacy laws.

I confirm that the Corporation will comply with Section 46.3 of the *Income Tax Act, 2000*, as amended, and the *Interactive Digital Media Tax Credit Regulations* under the *Income Tax Act, 2000*.

I will also furnish or cause the Corporation to furnish, upon request, all additional records and documents deemed necessary by the Minister of Finance to assess eligibility for a certificate of registration in respect of the Newfoundland and Labrador Interactive Digital Media Tax Credit, and hereby consent to the conduct of any audit of the Corporation for registration purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*The personal information in this form is collected under the authority of sections 8 and 9 of the Interactive Digital Media Tax Credit Regulations and sections 61(a) and (c) of the Access to Information and Protection of Privacy Act, 2015. The information will be used only for the purpose of assessing eligibility for the Interactive Digital Media Tax Credit. As part of the assessment process, information in this form may be disclosed to the NL Film Development Corporation to confirm qualifications. If you have any questions, please contact the Tax Administration Division at 709-729-6297 or toll free at 1-877-729-6376.*