

04-04-25 draft

## 2025 MICHIGAN Business Tax Film Credit Assignment

Issued under authority of Public Act 36 of 2007.

**INSTRUCTIONS:** The assignor, after completing and signing this form, must file it with the Michigan Department of Treasury (Treasury) at the mailing address below. After processing, Treasury will return this assignment form to the assignor, who must distribute a copy of this assignment form to the assignee named in Part 2 and/or Part 3 for submission with the tax return on which a film credit is being claimed. Contact Treasury at 517-373-9600 with questions.

### PART 1: ASSIGNOR IDENTIFICATION

1. Assignor Name				2. Federal Employer Identification Number (FEIN) or TR Number			
Street Address				3. Project Number		4. Tax Year End (MM-DD-YYYY)	
City		State	ZIP/Postal Code	Country Code	5. Date Project was Certified as Completed (MM-DD-YYYY)		

If not assigning/reassigning the Film Production Credit, skip to PART 3.

### PART 2: FILM PRODUCTION CREDIT

6. a. ☐ Original Assignment      b. ☐ Reassignment

7. Credit amount from *Post-Production Certificate of Completion* provided by the Michigan Film Office (original assignment) or credit amount from the immediately prior in time assignment form (reassignment)..... 7. 

	00
--	----

8. A Assignee Account Number (FEIN or TR Number)	B Assignee Name	C Date Assignee's Tax Year Ends (MM-DD-YYYY)	D % of Credit to be Assigned	E Assigned Credit Multiply line 7 by column D.

If not assigning/reassigning the Film Infrastructure Credit, skip to PART 4.

### PART 3: FILM INFRASTRUCTURE CREDIT

9. a. ☐ Original Assignment      b. ☐ Reassignment

10. Film Infrastructure Credit amount from *Investment Expenditure Certificate* (original assignment) or credit amount from the immediately prior in time assignment form (reassignment)..... 10. 

	00
--	----

11. A Assignee Account Number (FEIN or TR Number)	B Assignee Name	C Date Assignee's Tax Year Ends (MM-DD-YYYY)	D % of Credit to be Assigned	E Assigned Credit Multiply line 10 by column D.

### PART 4: ASSIGNOR CERTIFICATION

I certify that the information provided on this form is accurate.		
Authorized Signature for Tax Matters	Date	Contact Phone Number
Authorized Signer's Name (print or type)	Title	

### PART 5: TREASURY APPROVAL

Authorized Signature	Date
Authorized Signer's Printed Name	Authorized Signer's Title

Mail completed form to: Tax Policy Division, Michigan Department of Treasury, 430 W. Allegan St., Lansing, MI 48922