TAXABLE YEAR Sale of Credit Attributable to an **Independent Film**

CALIFORNIA FORM

| | 2020 | Independent Film | | | | | | 3551 |
|--|---|---|----------|-------|------|--------------------------|-----------------------------|---|
| Pa | | eller and Buyer Information. See instruction | | | | | | |
| | Check the box if the seller is a Single Member Limited Liability Company (SMLLC). | | | | | | | |
| | | | | | | | | ☐ CA Corporation no. ☐ FEIN |
| Seller | l tame on | | | | | ☐ SSN or IIIN | ☐ CA Corporation no. ☐ FEIN | |
| | Address (| dress (suite, room, PO Box, or PMB no.) | | | | | CA Secretary of | State file number |
| | | | | | | | | |
| | City | | | | | State Zip co | ode | |
| | | | | | | | | |
| | Partner, n | rtner, member, or shareholder name. Leave blank, if same name as above. | | | | ☐SSN or ITIN | ☐ CA Corporation no. ☐ FEIN | |
| | Address (| Idress (suite, room, PO Box, or PMB no.) | | | | CA Secretary of | State file number | |
| | | | | | | 1 | | |
| | City | | | | | | State Zip co | ode |
| | | | | | | | | |
| Buyer | Buyer nar | er name | | | | | SSN or ITIN | ☐ CA Corporation no. ☐ FEIN |
| | Address (| dress (suite, room, PO Box, or PMB no.) | | | | | CA Secretary of | State file number |
| | (| tourous (oute, room, r o box, or r mb no.) | | | | | | |
| | City | | | | | | State Zip co | ode |
| | | | | | | | | |
| Part II - Independent Film Questionnaire. See instructions. | | | | | | | (| |
| 1 | | Is the 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. | | | | | | |
| 2 | | determine if the credit can be sold, answer the following questions: | | | | | | |
| | | Did you purchase the credit from another taxpayer? Yes No | | | | | | |
| | | Is the credit being sold to more than one taxpayer? Yes No Is the buyer a related party? Yes No | | | | | | |
| | | rou answer " Yes " to any of the questions, STOP . The credit cannot be sold. Do not complete the res | | | | | | orm |
| | | 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? Yes No | | | | | | |
| If you answer "Yes," you are required to attach an additional schedule (see instructions for Part II), then go to Part III. If "N | | | | | | | | art III. If " No ," go to Part III. |
| | | Credit Information. See instructions. | E E LE | 0.19 | | 0 T.I | -1 | E. P. J. Harris, Francisco P. P. Marchello, P. J. |
| 4 From CFC Tax Credit Certificate, enter: 5 Final Tax Credit amount shown on certificate. 6 Total amount of distributive share of credit if seller in partner, member, or shareholder. See instructions. | | | | | | | | |
| Tax Credit Certificate No.: | | | | | | | | |
| Se | ller's Perm | nit No.: | | | | | | |
| 7 | Total amo | ount of credit being sold. | | | | 9 Total amount of credit | | seller applied or will apply to CDTFA |
| | | | received | | | | alified sales and us | |
| | | | | | | | | |
| | | | | | | | | |
| Siç | nn e | Seller's or | | Title | | | Date | Telephone |
| He | | Officer's signature | | | | | | |
| | id | Preparer's | | | Date | | Check if self- | PTIN |
| | eparer's | signature > | | | | | employed ▶ | Firm's FEIN |
| | e Only | Firm's name (or yours, if self-employed) | | | | | | Thin of Life |
| | | and address | | | | | | Telephone |
| | | May the FTB discuss this form with the preparer shown above? Yes No | | | | | | |