

**VIRGINIA
Form MPC**

**Refund Request
Virginia Motion Picture Production Tax Credit**

Tax Year _____

By submitting this form, a pass-through entity (PTE) may request a direct refund of the Virginia Motion Picture Production Tax Credit instead of allocating the credit to individual partners, shareholders, or members. Any credit amount refunded directly to the PTE may not be allocated to the entity owners on the Virginia Schedule VK-1 or claimed on the Virginia income tax return of any entity owner.

Before a refund can be issued, the PTE must file the Virginia Form 502, Pass-Through Entity Return of Income and Return of Nonresident Withholding Tax, for the current period and be registered with the Department. Visit www.tax.virginia.gov to register online or download and complete the registration application, Form R-1, if the PTE has not registered or filed tax returns previously with the Department. Form 502 and the Form 502 instructions are also available on the Department's website.

You must enclose a copy of the credit certificate issued by the Virginia Film Office.

Section I: Credit Holder Information		
Legal Entity Name	FEIN	
Trade Name	Office Use Only	
Street Address		
City, State, ZIP Code	Contact Email	
Contact Name	Contact Phone Number	Contact Fax Number

Entity Type: (Check One) Partnership LLC Other _____

Amount of Refund Requested: \$ _____

Section II: Authorized Representative Information		
Name	Title	
Business Name	Affiliation	
Street Address		
City, State, ZIP Code		
Phone Number	Fax Number	Email

Section III: Declaration

I, the undersigned owner or representative authorized to act on behalf of the PTE identified in Section I above, declare, under the penalties provided by law, that this form (including any accompanying schedules, statements, and attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the income tax laws of the Commonwealth of Virginia. I certify that all owners of the PTE agree to this request for the tax credit refund to be issued directly to the PTE. Additionally, I certify that any credit amount that is refunded directly to the PTE will not be allocated to the entity owners on Virginia Schedule VK-1 or claimed on any Virginia income tax return by any entity owner.

Signature of Owner or Authorized Representative	Title	Date
Printed Name	Phone Number	

**Mail to: Virginia Department of Taxation
Tax Credit Unit
P.O. Box 715
Richmond, VA 23218-0715**

Fax to: (804) 774-3902

For assistance, call: (804) 786-2992