# Film Incentive BC Tax Credit
# Live Action Production Schedule

Title of production: _____

Series Cycle and Number of episodes
(if applicable)                        Cycle #: _____        # of episodes: _____

Production Company: _____

Pre-production Start: _____        Pre-production End: _____

* Principal Photography Start: _____        Principal Photography End: _____

CGI/VFX Start: _____        CGI/VFX End: _____

Post-production Start: _____        Post-production End: _____

Other (description): _____        Start: _____        End: _____

**Number of Principal Photography days:        In B.C.: _____        Outside B.C.: _____**

** Production Completion: _____

Delivery: _____

Canadian Release / Air: _____

**\* Accurate Principal photography Start date is required at Eligibility and cannot be amended.**
**"Principal photography", for scripted productions**, is the filming of the main unit of the production, with principals and majority key creatives present on set, distinct from second unit, splinter unit, development filming or similar.
**"Principal photography", for unscripted productions**, such as documentaries, factual and lifestyle, is the filming of the main unit of the production, with subjects (if applicable) and majority key creatives present on set during which the primary footage of the production is filmed, distinct from the second unit, development filming or similar.

**\*\* Accurate Production Completion date is required at Completion and cannot be amended:**
**"Production Completion"** is when the production exists in a final form and is ready for exploitation or delivery to a distributor, broadcaster or purchaser.
**"Complete",** in relation to a film or video production, means that the production has been finished and is **commercially exploitable**.

**I hereby confirm that this Production Schedule has been examined by me and is to the best of my knowledge and belief true, correct, and complete in every respect.**

Print Name: _____        Title: _____

Signature: _____        Date: _____