

Creative BC Tax Credits

Production Schedule

Title of production: _____

Cycle, Number of episodes (if applicable): _____

Accredited Corporation / Production Company: _____

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

Principal Photography Start Date: _____ Principal Photography End Date: _____
(for live action productions)

Key Animation Start Date: _____ Key Animation End Date: _____
(for animated productions)

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

CGI-VFX Start Date: _____ CGI-VFX End Date: _____

Other:
 _____ Start Date: _____ End Date: _____

_____ Start Date: _____ End Date: _____

Number of Principal Photography / Key Animation Days in BC: _____
(for live action productions) (for animated productions)

Number of Principal Photography / Key Animation Days outside BC: _____
(for live action productions) (for animated productions)

Completion Date: _____

Delivery Date: _____

Canadian Release / Air Date: _____

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.

Signature

Print Name

Title

Date