

**Transferor Notice of Transfer of
Motion Picture Credits**

The transferor must submit this notice to the Department of Revenue within thirty days after the sale or transfer. Each form must be for a transfer of a single credit by a transferor to one or more transferees. If you have more than one credit you are transferring, complete a separate Form 334-O for each credit.

DO NOT MAIL COMPLETED FORM WITH TAX RETURN.

MAIL FORM SEPARATELY TO: Arizona Department of Revenue
Office of Economic Research and Analysis
PO Box 29099
Phoenix, AZ 85038

A. Transferor Information:

Name	TIN
Number and street or PO Box	
City or town, state, and ZIP code	
Authorized contact person	Telephone number (with area code)

B. Motion Picture Production Company Information:

Name	TIN
Number and street or PO Box	
City or town, state, and ZIP code	
Authorized contact person	Telephone number (with area code)

C. Credit Information:

1	Credit postapproval number		
2	Amount of transfer from page 2, Part D, Line 5	\$	00
3	Date of transfer	M M D D Y Y Y Y	

4	Transfer credit balance before transfer	\$	00
5	Transfer credit remaining after transfer	\$	00

D. Transferee Information:

Enter the transferee information on page 2 of this form.

The transferor hereby represents that it has neither claimed for its own behalf nor conveyed to any other transferee the credit for motion picture production costs transferred in this notice. Effective as of the date of transfer shown in this notice, the transferor agrees to transfer the credit amount shown on line 2 above.

Transferor Signature Taxpayer name

Title Telephone number (with area code)

Name of Transferor (as shown on page 1)	TIN
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D. Transferee Information:

List each transferee to whom you are transferring this credit. If you need more space, complete additional schedules.

	Name	TIN	Credit amount
1			00
	Number and street		
	City or town, state and ZIP code		
	Authorized contact person		
2			00
	Number and street		
	City or town, state and ZIP code		
	Authorized contact person		
3			00
	Number and street		
	City or town, state and ZIP code		
	Authorized contact person		
4			00
	Number and street		
	City or town, state and ZIP code		
	Authorized contact person		
5	Total – add lines 1 through 4. Enter the total here and on Page 1, Part C, Line 2		00