

**ARIZONA FORM  
334-O**

**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 you are transferring.

**DO NOT MAIL COMPLETED FORM WITH TAX RETURN.**

**Mail form separately to:** Arizona Department of Revenue  
Office of Economic Research and Analysis  
PO Box 25248  
Phoenix, AZ 85002

**A. Transferor Information:**

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

**B. Motion Picture Production Company or Original Company Information:**

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

**C. Credit Information:**

<b>1</b>	Credit post-approval number	
<b>2</b>	Amount of transfer from page 2, Part D, Line 5	\$ <span style="border: 1px solid black; padding: 2px 10px;">  </span> <b>00</b>
<b>3</b>	Date of transfer	M   M   D   D   Y   Y   Y   Y

<b>4</b>	Transfer credit balance before transfer	\$	<b>00</b>
<b>5</b>	Transfer credit remaining after transfer	\$	<b>00</b>

**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 (or)  credit for motion picture infrastructure projects 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

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