

Income Tax Subtractions and Credits

Year ending

For individuals Month **Vear** Name as shown on your return Social Security number Section I Part I — TECH-PREP Youth Vocational Programs Credit В 1 Write the direct payroll expenditures and amount for personal services rendered. 20% (.20) Part II — Dependent Care Assistance Program Tax Credit Rate Column A x Column B 2 Write the expenditures for on-site dependent care. Section II Part I — Enterprise Zone or Foreign Trade Zone/Sub-Zone Dividend Subtraction C A Corporation's name Name of enterprise or foreign trade zone/sub-zone Dividend amount b 3b 4 Dividend subtraction. Add Column C, Lines 3a through 3c, and write here and on your Form IL-1040, Line 9. Part II — High Impact Business Investment Credit Е F D G Date placed in New/Used* Name of foreign Column F x .5% (.005) Description of qualified property trade zone/sub-zone Basis class *write state abbrev. Month Year where prev. used 5a 5b 6 High impact business investment credit. Add Column G, Lines 5a through 5c. Part III — Jobs Tax Credit F C D Name of enterprise zone or Column B No. of eligible employees No. of employees No. of employees foreign trade zone/sub-zone Column E x \$500 Part IV — Enterprise Zone Investment Credit F В G Name of Description of qualified property Basis Column F x .5% (.005) service in Illinois class *write state abbrev. enterprise zone Month Year 8a 8 a 8b 8c 9 Write the distributive share of enterprise zone investment credit from partnerships and S corporations. 9 10 Enterprise zone investment credit. Add Column G, Lines 8a through 8c, and Line 9. Part V — Training Expense Credit C R Column A x Column B **11** Write the total amount of training expenses. 1.6% (.016) 12 Write the distributive share of training expense credit from partnerships and S corporations. 12 13 Training expense credit. Add Lines 11 and 12. Part VI — Research and Development Credit (Qualifying expenditures must be from research activities conducted in Illinois.) Base period avg. expenditures This year's expenditures **14** Illinois wages for qualified services (see instructions) 14 15 15 Illinois cost of supplies Illinois rental or lease costs of computers 16 65% (.65) of Illinois contract expenses 18 Illinois basic research payments to qualified organizations (corporations only) 18 _ Total Illinois qualifying expenditures. Add Lines 14 through 18 of each column. 19 Subtract Line 19, Column A, from Line 19, Column B. If negative, write zero. 21 Multiply Line 20 by 6.5% (.065). 21 22 Write the distributive share of research and development credit from partnerships and S corporations.

23 Research and development credit. Add Lines 21 and 22.

Part VII — Environmental Remediation Tax Credit						
	A Total unreimbursed	B Either \$100,000 threshold or name of	C Costs eligible for credit	D		E
	remediation costs	enterprise zone where site is located	Column A - Column B	Rate		Column C x Column D
24				25% (.25)	24	
		e of environmental remediation tax	credit from partnerships and			
25 Write the distributive share of environmental remediation tax credit from partnerships and S corporations. 26 Add Column E, Line 24 and Line 25.						
		tion tax credit. Write the lesser o	f Line 26 or \$40,000.			
Part VIII — Economic Development for a Growing Economy (EDGE) Tax Credit						
28 Write the amount of EDGE tax credit awarded to you for this tax year under your agreement with DCCA. 28						
				ieni with DCCA.		
29 Write the distributive share of EDGE tax credit from partnerships and S corporations.30 Economic development for a growing economy (EDGE) tax credit. Add Lines 28 and 29.						
					<u> </u>	
Pa	rt IX — Tax Credit for	r Affordable Housing Donat	ions A	В		С
				Rate		Column A x Column B
		f your donation to eligible sponsors		50% (.50)	31	
32		are of tax credit for affordable hous	ing			
	donations from partners	•	0.4			
_		e housing donations. Add Lines	31 and 32.		33	
	rt X — Summary					
	Write your total tax from					
		it for tax paid to other states from				
		rom Lines 20b, 21b, and 22b of yo	ur Form IL-1040 and write th	ne total here.		
	Add Lines 35 and 36.	0.4 1/11				
		ne 34. If the amount is zero or nega			38 _	
39	of the previous year (see	year credit carryforward from Sche	edule 1299-C		30	
40		ne 38. This amount may be negativ	7A			
		year credit carryforward from Sch			-1 0 _	
71	of the previous year (see	-	Sudio 1200 0		41	
42		nount, subtract Line 41 from Line 4	10. If Line 40 is zero or negat	tive, write zero.		
	Add Section I, Lines 1 ar					
		nount, subtract Line 43 from Line 4	12. If Line 42 is zero or negat	tive, write zero.		
	-	olumn F, Line 7; Lines 10, 13, 23, 2	•	,		
		nount, subtract Line 45 from Line 4		tive, write zero.		
47	17 Compute the amount of excess credit available to be carried forward two years.					
	STOP at the first applical	ble line below and if				
	• Line 40 is a negative a	mount, add it as a positive amoun	t to Line 43 and write the tota	al here.		
		ne amount from Line 43 here.				
		o, write the amount from Line 43 h				
	_	mount, write the amount as a posi				
	-	sitive amount, write zero here and	go to Line 48. You do not ha	ve any	4-	
40	two-year credit availab	-			47	
40	STOP at the first applical	f excess credit available to be c	arried forward live years.			
		gative amount, add Lines 41 and 4	15 and write the total here			
		mount, add it as a positive amoun		al here		
	_	ne amount from Line 45 here.	t to Line 45 and write the tot	ai rioro.		
		ero or negative, write the amount fi	om Line 45 here.			
		mount, write the amount as a posi				
	_	sitive amount, write zero here and		ve any		
	five-year credit availab		-	-	48	
49	-	f credit to use this year. STOP a	t the first applicable line belo	ow and if		
	• Line 38 is zero, write zero	ero here. You are not able to use a	ny of your credits this year.			
	• Line 40 is zero or a neg	gative amount, write the lesser of	Lines 38 or 39 here.			
		gative amount, add the lesser of L				
		gative amount, add the lesser of L		41 and write the	e tota	l here.
		zero, add Lines 39, 41, 43, and 45				
	_	mount, add the lesser of Line 44 o	or 45 to Lines 39, 41, and 43	and write the		
	total here and on your	Form IL-1040, Line 23.			49	