Attach to Form IL-1120, IL-1120-ST,

IL-1065, IL-1041, or IL-990-T.

Replacement Tax Investment Credits

Year ending

Month Year

IL Attachment No. 18

Write your name as shown on your return.

Write your federal employer identification number (FEIN).

2+0	n 1. Eiguro v	our Dool	20020	nt To	v lovo	etmont Crod			roporty place
sie		our Repla e during				simeni Grea	it for qualifie	a pi	roperty place
	Α	В	С	D D	E	F	G		н
	Description of qualified property	Date placed in service Month Year	Useful life	New or used*	Business activity (see inst.)	Location of use (city or county)	Basis		Column G x .5% (.005)
1 a	l	/						_1a	
)	/						1b	
C	: If the property is used, writ	/	n of the eta	to in wh	ich the prope	arty was proviously use		1C	
	Vrite the total of each (te iii wii	icii tile prope	erty was previously use	2		
	your business is new			unt fro	m Line 2, 0	Column H, here and	d check	_	
	the box in Step 2. If your business is not new to Illinois, complete Step 2 to see if you qualify								
	or an additional credit b							3	
	Vrite the distributive sh							4	
	add Line 2, Column H,	and Lines 3 ai	na 4. I nis	is your	totai repia	icement tax investr	nent creatt	5	
	om this year. Aultiply Line 5 by the pe	ercentage of to	ntal owner	shin in	the partne	ership or S corpora	tion attributable to	3	
	artners or shareholder				ino parine	or or or or pora	iioii attiibatabio to	6	
7 S	Subtract Line 6 from Lir	ne 5.						7	
	Vrite the amount of you	•		•	•			8	
	add Lines 7 and 8. This	-			available t	o use this year.		9	
	Vrite your total replace				. ,			10	
	Vrite the lesser of Line				return (see	e instructions). This	s is your	44	
	eplacement tax investr Subtract Line 11 from L				a) This is t	he amount of ever	ss cradit available		
	be carried forward fiv		DC 1033 II I	an zero), IIIIS IS II	ne amount of exces	ss credit available	12	
Ste	p 2: Figure yo	our base	emplo	vme	nt calc	ulation worl	ksheet		
	If your business is new								
ou a	utomatically qualify for t	he additional c	redit. Do n	ot ^L		Month	A Current year		B Preceding year
mp	lete Lines 13 through 19	9. See instruction	ons for Ste	p 1, Lir	ne 3.	MOTILIT	Current year		Freceding year
3 V	Vrite as your "base emp	loyment" the "n	umber of			1st _		_	
	overed workers" from Li					2nd _		_	
	f Employment Security					3rd		_	
	Contribution and Wage For those months that you					4th _ 5th		_	
10	or those months that you	u were taxed by	/ IIII 1015.			6th		_	
						7th		_	
						8th _		_	
						9th _		_	
						10th _			
						11th _ 12th _			
4 V	Vrite the total of each o	column.							
	Divide the amount on L		number of	month	s used in t			_	
	Round to six decimal places and write here.						_		
	Subtract Line 15, Column B, from Line 15, Column A and write the result here.								
	If the amount is positive , continue to Line 17.								
	If the amount is zero or negative , stop here. Write "0" on Step 1, Line 3, and continue to Step 1, Line 4. You do not qualify for the additional credit.						16		
	Divide Line 16 by Line 1								
lf	the amount is .01 or la	arger, stop he	re and wr	ite the	amount fro	om Step 1, Line 2, 0	Column H,	_	
	n Step 1, Line 3. If this							17	
o i∖	fultiply Line 17 by 50%	(.50). Hound	to six dec	ırnaı pla	aces and v	vrite nere.		18	

19

19 Multiply Step 1, Line 2, Column G, by Step 2, Line 18, and write here and on Step 1, Line 3.