

Attach to your Form IL-1120, IL-1041, IL-990-T.

Income Tax Credits

(for corporations and fiduciaries) IL Attachment No. 3

Write your name as shown on your return.

Write your federal employer identification number (FEIN).

Read this information before completing this schedule:

What do I need to complete this Schedule?

To correctly complete 2013 Schedule 1299-D, you will need to refer to the 2012 Schedule 1299-D, Step 3, to calculate the amount of available credit carryforward that may be used on this 2013 Schedule 1299-D.

You will also need all certificates issued to you from the Department of Commerce and Economic Development or other agencies, any Schedules K-1-P issued to you by partnerships or S corporations, and any letters issued by the transferring taxpayer to the Department of Revenue documenting the sale or transfer of credits to you. See the instructions for a complete list of attachments.

Step 1: Figure your credits

Section A — Credits which can be carried for two years

TECH-PREP Youth Vocational Programs Credit

| 1 | Write direct payroll expenses and amount for personal services. | x .20 => 1 | _ |
|---|---|----------------|---|
| | Dependent Care Assistance Program Credit | | |
| 2 | Write the expenses for on-site dependent care. | x .05 => 2 | _ |
| 3 | Add Lines 1 and 2. Write this amount here and in Step 2, Line 12. This is the total of your credits that can be carried for two years. | 3 | |

Section B — Credits which can be carried for five years

Film Production Services Tax Credit

| 4 | Write the amount of ava received from DCEO or | 4 | | | | | | |
|----|--|---------------------------------------|---------|---------------------------------------|--------------|-------|------|---------------------|
| 5 | Write any distributive sh Attach Schedule K-1-P. | 5 | | | | | | |
| 6 | Add Lines 4 and 5. This | is your Film Produ | uction | Services Tax | Credit. | | | ▶ 6 |
| | Employee Child Ca | are Tax Credit | (Form | IL-1120 file | ers only) | | | |
| 7 | Write the total start-up of | costs to provide the | child c | are facility. | | x. | 30 = | 7 |
| 8 | Write the annual amoun | it paid to provide th | e child | care facility. | | x. | 05 = | 8 |
| 9 | Add Lines 7 and 8. This | is your total Empl | oyee C | hild Care Tax | Credit. | | | ▶ 9 |
| | Enterprise Zone In | vestment Cred | lit | | | | | |
| | Α | В | С | D | E | F | G | н |
| | Description of qualified property | Date placed in service in Illinois | | New/Used (see instr.) | Name of zone | Basis | Rate | Column F x Column G |
| | | Month Year | | , , , , , , , , , , , , , , , , , , , | | | | |
| 10 | a | / | | | | | .005 | a |
| | b | / | | . <u> </u> | | | .005 | b |
| | c | / | | . <u> </u> | | | .005 | c |
| 11 | Write any distributive share of Enterprise Zone Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | | | | | | | |
| 12 | Add Column H, Lines 10 This is your Enterprise | ▶ 12 | | | | | | |
| 13 | Add Lines 6, 9, and 12. | 13 | | | | | | |



| 14 | Write the amount from Page 1, | Line 13. | | | | | | | 14 | |
|----|---|---|--------------|--------------|----------------------------------|---------------|------------|---------------------------|----------|------------------------|
| | River Edge Redevelopm | nent Zone | Invest | tment C | redit | | | | | |
| | qualified property service | B e placed in ce in Illinois onth Year | | | E Name of zone | | F Basis | G Rate (see instr.) | Colum | H n F x Column G |
| 15 | a | 1 | | | | | | | а | |
| 10 | b | | | | | | | | | |
| | c | | | | | | | | | |
| 16 | Write any distributive share of F partnerships and S corporation | River Edge R | edevelo | pment Zo | | | | | • | |
| 17 | Add Column H, Lines 15a throu This is your River Edge Redev | ugh 15c, and | Line 16 | | Credit. | | | → | | |
| | High Impact Business I | - | | | | | | | | |
| | A Description of | B Date placed in ervice in Illino Month Year | n A (| C CRS N | D ew/Used Na instructions) | E ame of z | one | F Basis | Colun | G nn F x .5% (.005) |
| 18 | a | / | | | | | | | a | |
| | b | / | | | | | | | b | |
| | c | / | | | | | | | c | |
| 19 | Add Column G, Lines 18a throu | ugh 18c. This | is your | High Imp | oact Business Inv | estmen | t Credit. | | 19 | |
| | Tax Credit for Affordable | e Housind | Dona | tions | | | | | | |
| 20 | Write the total amount of your of | - | | | | | x .! | 50 = | 20 | |
| | Attach a copy of proof of the ci | | • | | sing Development | Authori | | | - | |
| 21 | Write any distributive share of T S corporations or transferred to | Tax Credit for | Afforda | ble Housi | ng Donations from | | - | - | - | |
| 22 | Add Lines 20 and 21. This is yo | | | | | ns. | | \rightarrow | 22 | |
| | Economic Development | t for a Gro | wina l | Econom | w (EDGE) Tax | Credi | r i | | | |
| 23 | Write the amount of EDGE tax | | • | | | | | DCEO | | |
| | Attach DCEO certificate. | | | | | | | | 23 | |
| 24 | Write any distributive share of E | EDGE tax cre | edit from | n partners | hips and S corpora | ations. 🖊 | Attach Sch | n. K-1-P. | 24 | |
| 25 | Add Lines 23 and 24. This is yo Tax Credit . | our Economi | c Deve | lopment f | for a Growing Eco | onomy | (EDGE) | | 25 | |
| | Research and Develop | ment Cree | dit (Qu | alifying | expenses must | be froi | n resear | ch activiti | es condu | cted in Illinois.) |
| | Write the following: | | | | | Ba | | A avg. expens | es This | B year's expenses |
| 26 | Illinois wages for qualified servi | ices. See inst | ruction | S. | | | - | • • | | year 3 expenses |
| 27 | | | | | | | | | | |
| | Illinois rental or lease costs of c | computers | | | | | | | | |
| | 65% (.65) of Illinois contract ex | • | | | | | | | | |
| | Illinois basic research payment | - | organiz | ations (co | prporations only) | | | | | |
| | Figure your credit: | - | - | | | | | | | |
| 31 | Add Lines 26 through 30 of eac | ch column. To | tal Illinc | ois qualifyi | ing expenses. | 31 _ | | | | |

- **32** Subtract Column A, Line 31 from Column B, Line 31. If negative, write zero.
- **33** Multiply Line 32 by 6.5% (.065).
- **34** Write any distributive share of Research and Development Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P.
- 35 Add Lines 33 and 34. This is your Research and Development Credit.
- **36** Add Lines 14, 17, 19, 22, 25, and 35. Write the total here and on Page 3, Line 37.

32 _____

33 ____

34 _____

▶ 35 _

36 _____

River Edge Redevelopment Zone Remediation Credit

| | А | | . В. | | | С | | | | D |
|----------------------------------|--|------------------|--|--|--------------------------------------|--|--|---|--|--|
| | Name of Zone | | ireimbursed in excess o | remediation f \$100,000 | l | Rate | | | | Column B x Column C |
| 38 | a | | | | 259 | % (.25) | | | а | |
| | b | | | | 259 | % (.25) | | | b | |
| | c | | | | 259 | % (.25) | | | с | |
| | Attach a copy of the cert | ification issued | by the Illin | ois Environmei | ntal Prote | ction Agency. | | | | |
| 39 | Write the amount of Rive Attach a copy of the letter | - | | | | | you. | | 39 | |
| 40 | Add Column D, Lines 38a This is your total River E | | | | n Credit. | | | | • 40 | |
| | Ex-Felons Jobs Cre | edit | | | | | | | | |
| | Α | В | С | D | Е | F | G | н | | I |
| | | | Date | Qualifying | Col. D | Max credit | - | Col. F mi | | Write the lesser of |
| | Name | SSN | hired | wages | x 5% | amount | | Col. C | | Column E or H |
| 41 | a | | | | | | | | | |
| | b | | | | | | | | | |
| | C | | / | | | \$1,500 | | | c | |
| 42 | Write any distributive sha from partnerships and S of | | | | | | | | 42 | |
| | | | | | | | | | | |
| 43 | Add Column I, Lines 41a | through 41c a | nd Line 42. | This is your tot | tal Ex-Fel | ons Jobs Cr | edit. | \rightarrow | • 43 | |
| 43 | | - | | - | | | edit. | - | • 43 | |
| 43 | Veterans Jobs Cred | - | ific instru | ctions befor | | eting. | edit. | | • 43 | |
| 43 | | - | | - | | eting. D | | E | • 43 | F |
| 43 | Veterans Jobs Cred A | - | cific instru B | ctions befor C Qualifyi | e comple | eting. D Column C x percentag | Max je ar | E c credit nount | | F Write the lesser |
| | Veterans Jobs Cree A Name | - | ific instru | ctions before C | e comple | eting. D Column C | Max je ar | E c credit nount | | F Write the lesser of Column D or E |
| | Veterans Jobs Cred A | dit See spec | cific instru B | ctions before C Qualifyi wages | e comple | eting. D Column C x percentag | Max je ar | E c credit nount | | F Write the lesser of Column D or E |
| | Veterans Jobs Cree A Name | dit See spec | B B SSN | ctions before C Qualifyi wages | e comple | eting. D Column C x percentag | Max je ar s for Colum | E c credit nount | а | F Write the lesser of Column D or E |
| - | Veterans Jobs Cred A Name | dit See spec | B B SSN | ctions before C Qualifyi wages | e comple | eting. D Column C x percentag See instructions | Max je ar s for Colum | E c credit nount | ab | F Write the lesser of Column D or E |
| 44 | Veterans Jobs Crea A Name a b C Write any distributive sha | dit See spec | Sific instru B SSN Jobs Credit | ctions before C Qualifyi wages | e comple | eting. D Column C x percentag See instructions | Max je ar s for Colum | E c credit nount | a b c | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of | dit See spec | SSN Jobs Credit | ctions before C Qualifyi wages | e comple ing s s | eting. D Column C x percentag See instructions | je ar s for Colum | E c credit nount | a b c 45 | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of Add Column F, Lines 44a | dit See spec | SSN Jobs Credit ttach Scheo and Line 45. | ctions before C Qualifyi wages Jule K-1-P. | e comple ing s s | eting. D Column C x percentag See instructions | je ar s for Colum | E c credit nount | a b c | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of Add Column F, Lines 44a Student-Assistance | dit See spec | SSN Jobs Credit Itach Schedund Line 45. | ctions before C Qualifyi wages Jule K-1-P. This is your to t | e comple ing s s | eting. D Column C x percentag See instructions | je ar s for Colum | E c credit nount <i>ons D and E.</i> | a b c 45 | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of Add Column F, Lines 44a | dit See spec | SSN Jobs Credit ttach Scheo and Line 45. | ctions before C Qualifyi wages ulue K-1-P. This is your to t | e comple ing s s | eting. D Column C x percentag See instructions | Max je ar s for Colum edit. | E c credit nount | a b c 45 | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of Add Column F, Lines 44a Student-Assistance | dit See spec | SSN Jobs Credit Itach Schedund Line 45. | ctions before C Qualifyi wages Jule K-1-P. This is your to t | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colum edit. | E c credit nount <i>D and E.</i> | a b c 45 | F Write the lesser of Column D or E |
| 44 45 | Veterans Jobs Crea A Name a b C Write any distributive shat from partnerships and S of Add Column F, Lines 44a Student-Assistance A | dit See spec | SSN Jobs Credit ttach Sched and Line 45. ion Credi B | ctions before C Qualifyi wages dule K-1-P. This is your to t C Qualify contribution | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colurr | E c credit nount <i>D</i> and <i>E</i> . | a b c 45 46 | F Write the lesser of Column D or E |
| 44 45 46 | Veterans Jobs Crea A Name a b C Write any distributive sha from partnerships and S of Add Column F, Lines 44a Student-Assistance A Name | dit See spec | Sific instru- B SSN Jobs Credit Itach Sched Ind Line 45. ion Credi B SSN | ctions before C Qualifyi wages Jule K-1-P. This is your to t C Qualify contribution | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colum edit. | E c credit nount <i>D and E.</i> E c credit nount | a b c 45 46 | F Write the lesser of Column D or E F Write the lesser of Column D or E |
| 44 45 46 | Veterans Jobs Crea A Name a | dit See spec | SSN SSN Jobs Credit ttach Sched and Line 45. ion Credi B SSN | ctions before C Qualifyi wages dule K-1-P. This is your to t C Qualify contribution | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colum | E c credit nount ins D and E. E c credit nount 5500 | a b c 45 46 a b | F Write the lesser of Column D or E F Write the lesser of Column D or E |
| 44 45 46 47 | Veterans Jobs Creat A Name a | dit See spec | SSN SSN Jobs Credit ttach Sched and Line 45. ion Credi B SSN | ctions before C Qualifyi wages dule K-1-P. This is your to t Contribution | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colum | E c credit nount <i>D</i> and <i>E</i> . E c credit nount 500 500 | a b c 45 46 a b c | F Write the lesser of Column D or E F Write the lesser of Column D or E |
| 44 45 46 47 48 | Veterans Jobs Creat A Name a b c C Write any distributive sha from partnerships and S of Add Column F, Lines 44a Student-Assistance A Student-Assistance A Name a b c Write any distributive sha from partnerships and S Add Column F, Lines 47a | dit See spec | Sific instru- B SSN Jobs Credit Itach Sched Ind Line 45. Ion Credi B SSN Assistance (Attach Sche Ind Line 48. | Ctions before C Qualifyi wages dule K-1-P. This is your to t Contribution Contribution Charles dule K-1-P. | e comple ing s s tal Vetera | eting. D Column C x percentag See instructions | Max je ar s for Colum | E c credit nount <i>D</i> and <i>E</i> . E c credit nount 500 500 | a b c 45 46 a b c 48 | F Write the lesser of Column D or E F Write the lesser of Column D or E |
| 44 45 46 47 48 49 | Veterans Jobs Creat A Name a | dit See spec | Sific instru- B SSN Jobs Credit Itach Sched Ind Line 45. Ion Credi B SSN Assistance (Attach Sche Ind Line 48. Contributio | Ctions before C Qualifyi wages dule K-1-P. This is your to t Contribution Contribution Contribution Cleadule K-1-P. | e comple | eting. D Column C x percentag See instructions uns Jobs Cre D Column C x 25% | Max je ar s for Colum | E c credit nount <i>D</i> and <i>E</i> . E c credit nount 500 500 | a b c 45 46 a b c 48 49 | F Write the lesser of Column D or E F Write the lesser of Column D or E |

37 _____

| 51 | Write the amount from Page 3, Line 50. | 51 |
|-----|--|----|
| | Angel Investment Credit | |
| 52 | Write the amount of available credit from the Tax Credit Certificate you received from DCEO. Attach DCEO certificate. | 52 |
| 53 | Write any distributive share of Angel Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 53 |
| 54 | Add Lines 52 and 53. This is your Angel Investment Credit. | 54 |
| | New Markets Credit | |
| 55 | Write the amount of available credit from the Tax Credit Certificate you received from the DCEO. Attach DCEO certificate. | 55 |
| 56 | Write any distributive share of New Markets Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 56 |
| 57 | Add Lines 55 and 56. This is your New Markets Credit. | 57 |
| | River Edge Historic Preservation Credit | |
| 58 | Write the amount of available credit from the Tax Credit Certificate you received from the DCEO. Attach DCEO certificate. | 58 |
| 59 | Write any distributive share of River Edge Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 59 |
| 60 | Add Lines 58 and 59. This is your River Edge Historic Preservation Credit. | 60 |
| | Live Theater Production Tax Credit | |
| 61 | Write the amount of available credit from the Tax Credit Certificate you received from the DCEO or the amount transferred to you. Attach DCEO certificate. | 61 |
| 62 | Write any distributive share of Live Theater Production Tax Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 62 |
| 63 | Add Lines 61 and 62. This is your Live Theater Production Tax Credit. | 63 |
| | Hospital Credit | |
| 64 | Write the amount of real property taxes paid during the tax year on Illinois real property used for hospital purposes during the prior tax year. | 64 |
| 65 | Write the cost of free or discounted services provided at Illinois locations during the tax year pursuant to the hospital's charitable financial assistance policy, measured at cost. | 65 |
| 66 | Write the lesser of Line 64 or Line 65. This is your Hospital Credit before transfers. | 66 |
| 67 | Write any amount of the credit on Line 66 you have transferred or intend to transfer. Attach a written notice of the transfer. See instructions. | 67 |
| 68 | Subtract Line 67 from Line 66. This amount cannot be less than zero. | 68 |
| 69 | Write any distributive share of Hospital Credit from partnerships and S corporations or any amount transferred to you. Attach Schedule(s) K-1-P or a copy of the notice of transfer the seller or donator issued to the Illinois Department of Revenue. | 69 |
| 70 | • | 70 |
| 71 | Total five-year credits Add Lines 51, 54, 57, 60, 63, and 70. Write this amount on Step 2, Line 20 | 71 |
| | | |
| Sec | ction C — Credits which can be carried for ten years | |
| _ | Historic Preservation Credit | |
| 72 | Write the amount of available credit from the Tax Credit Certificate you received from the DCEO or the amount transferred to you. Attach DCEO certificates. | 72 |
| | Write any distributive share of the Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 73 |
| 74 | Add Lines 72 and 73. This is your Historic Preservation Credit . Write this amount here and on Step 2, Line 26. | 74 |



Step 2: Figure your credit (See instructions before completing this Step.) Ē

| Note - All line reference in this | s Step refer to Step 2 | of this Schedule 1299-D, | unless otherwise noted. |
|-----------------------------------|------------------------|--------------------------|-------------------------|
|-----------------------------------|------------------------|--------------------------|-------------------------|

| 1 | Write your total tax (see instructions). | | 1_ | |
|------|--|---|------|--------------|
| 2 | Write the amount of foreign tax credit from Form IL-1041, Schedule CR, Line | 56 (Form IL-1041 filers only). | 2 _ | |
| 3 | Subtract Line 2 from Line 1. If the amount is zero or negative, write zero. | \rightarrow | 3 _ | |
| | Write the amount from 2012 Schedule 1299-D, Step 3, Line 1. | \rightarrow | 4 _ | |
| | Subtract Line 4 from Line 3. This amount may be negative. | | 5_ | |
| 6 | Write the amount from 2012 Schedule 1299-D, Step 3, Line 2. | \rightarrow | 6_ | |
| 7 | If Line 5 is negative, write the amount from Line 6 as a negative number. Oth | erwise, subtract Line 6 from Line 5. | 7_ | |
| 8 | Write the amount from 2012 Schedule 1299-D, Step 3, Line 3. | — | 8 | |
| | If Line 7 is negative, write the amount from Line 8 as a negative number. Oth | erwise, subtract Line 8 from Line 7 | _ | |
| | Write the amount from 2012 Schedule 1299-D, Step 3, Line 4. | | | |
| | If Line 9 is negative, write the amount from Line 10 as a negative number. Of | | | |
| | | inerwise, subtract Line 10 nonn Line 9. | | |
| | Write the amount from Step 1, Section A, Line 3, of this Schedule 1299-D. | Otherwise automatic inc. 10 from Line, 11 | | |
| | If Line 11 is negative, write the amount from Line 12 as a negative number. C | | | |
| | Write the amount from 2012 Schedule 1299-D, Step 3, Line 5. | | | |
| | If Line 13 is negative, write the amount from Line 14 as a negative number. C | | | |
| | Write the amount from 2012 Schedule 1299-D, Step 3, Line 6. | | | |
| | If Line 15 is negative, write the amount from Line 16 as a negative number. C | | | |
| | Write the amount from 2012 Schedule 1299-D, Step 3, Line 7. | | | |
| 19 | If Line 17 is negative, write the amount from Line 18 as a negative number. C | Otherwise, subtract Line 18 from Line 17. | | |
| 20 | Write the amount from Step 1, Section B, Line 71, of this Schedule 1299-D. | | - | |
| 21 | If Line 19 is negative, write the amount from Line 20 as a negative number. C | | | |
| 22 | Write the amount from 2012 Schedule 1299-D, Step 3, Line 8. | \rightarrow | 22 _ | |
| 23 | If Line 21 is negative, write the amount from Line 22 as a negative number. C | | | |
| 24 | Write the amount from 2012 Schedule 1299-D, Step 3, Line 9. | \rightarrow | 24 _ | |
| 25 | If Line 23 is negative, write the amount from Line 24 as a negative number. C | Otherwise, subtract Line 24 from Line 23. | 25 _ | |
| 26 | Write the amount from Step 1, Section C, Line 74, of this Schedule 1299-D. | | 26 _ | |
| 27 | If Line 25 is negative, write the amount from Line 26 as a negative number. \ensuremath{C} | Otherwise, subtract Line 26 from Line 25. | 27 _ | |
| 28 | Figure the amount of credit to use this year. | | | |
| | <u>=Note</u> If the lesser number is negative, write zero. | | | |
| | a Write the lesser of Step 2, Line 3 or Line 4. | a | | |
| | b Write the lesser of Step 2, Line 5 or Line 6.c Write the lesser of Step 2, Line 7 or Line 8. | b c | | |
| | d Write the lesser of Step 2, Line 9 or Line 10. | d | | |
| | e Write the lesser of Step 2, Line 11 or Line 12. | e | | |
| | f Write the lesser of Step 2, Line 13 or Line 14. | f | | |
| | g Write the lesser of Step 2, Line 15 or Line 16. | g | | |
| | h Write the lesser of Step 2, Line 17 or Line 18. | h | | |
| | i Write the lesser of Step 2, Line 19 or Line 20. | i | | |
| | j Write the lesser of Step 2, Line 21 or Line 22. | j | | |
| | k Write the lesser of Step 2, Line 23 or Line 24. | k | | |
| 20 | Write the lesser of Step 2, Line 25 or Line 26.Add Lines 28a through 28I. Write the result here and on your | I | | |
| 23 | Form IL-1120, Line 48, IL-1041, Line 44, or IL-990-T, Line 22. | | 29 _ | |
| Sche | dule 1299-D (R-12/13) | | | Page 5 of 6 |
| | | | | , ugo 0 01 0 |

Step 3: Figure your credit available to be carried forward

Retain a copy of this page in your files. You will need this to complete next year's Illinois Schedule 1299-D.

To figure each credit amount, STOP at the first applicable line for each credit. **ENOTE** All line references in this Step refer to Step 2 of this Illinois Schedule 1299-D.

| 1 | Two-year credit carryforward that is available for one more tax year. | |
|----|---|----|
| | If Line 9 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 7 is negative, write the amount from Line 8 here. If Line 9 is negative, write that amount as a positive number here. | 1 |
| 2 | Five-year credit carryforward that is available for one more tax year | |
| | If Line 11 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 9 is negative, write the amount from Line 10 here. | |
| _ | If Line 11 is negative, write that amount as a positive number here. | 2 |
| 3 | Two-year credit carryforward that is available for the next two tax years. | |
| | If Line 13 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 11 is negative, write the amount from Line 12 here. | 2 |
| 4 | If Line 13 is negative, write that amount as a positive number here. | 3 |
| 4 | <i>Five-year credit carryforward</i> that is available for the next two tax years. | |
| | If Line 15 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 13 is negative, write the amount from Line 14 here. | |
| | If Line 15 is negative, write that amount as a positive number here. | 4 |
| 5 | Five-year credit carryforward that is available for the next three tax years. | |
| | If Line 17 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 15 is negative, write the amount from Line 16 here. | - |
| ~ | If Line 17 is negative, write that amount as a positive number here. | 5 |
| 0 | <i>Five-year credit carryforward</i> that is available for the next four tax years. | |
| | If Line 19 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 17 is negative, write the amount from Line 18 here. | |
| | If Line 19 is negative, write that amount as a positive number here. | 6 |
| 7 | Five-year credit carryforward that is available for the next five tax years. | |
| | If Line 21 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 19 is negative, write the amount from Line 20 here. | |
| | If Line 21 is negative, write that amount as a positive number here. | 7 |
| 8 | Ten-year credit carryforward that is available for the next eight tax years. | |
| | If Line 23 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 21 is negative, write the amount from Line 22 here. | |
| | If Line 23 is negative, write that amount as a positive number here. | 8 |
| 9 | Ten-year credit carryforward that is available for the next nine tax years. | |
| | • If Line 25 is positive or zero, write zero here. You do not have any credit from this year to carry. | |
| | If Line 23 is negative, write the amount from Line 24 here. | |
| | If Line 25 is negative, write that amount as a positive number here. | 9 |
| 10 | Ten-year credit carryforward that is available for the next ten tax years. | |
| | If Line 27 is positive or zero, write zero here. You do not have any credit from this year to carry. If Line 25 is negative, write the amount from Line 26 here. | |
| | • If Line 27 is negative, write that amount as a positive number here. | 10 |

