

Tax Subtractions and Credits (for partnerships and S corporations)

Year ending

IL Attachment No. 9

Attach to your Form IL-1065 or IL-1120-ST.

Enter your name as sh	name as shown on your return. Enter your federal employer identification num						number (FEIN).		
Step 1: Figure	-		nd Subtra	ntion					
River Edge Re	A Corporation's na		na Subtra		B ame of zone		C Dividend amount		
							a b		
c							с		
2 Enter any distribut S corporations, an	tive share of River I nd trusts. Attach Sc			Dividend Sub	traction from pa		2		
3 Add Column C, Lii Subtraction here	nes 1a through 1c, and on Form IL-10				opment Zone [3		
High Impact B	Business within	a Foreign 1	rade Zone	(or sub-zor	ne) Dividend	Subtractio	n		
	A Corporation's na				B ame of zone		C Dividend amount		
							a		
							b		
5 Enter any distributi		pact Business				corporations,	c 5		
6 Add Column C, Lii	. ,	and Line 5. Ent		Impact Busine	ss Dividend Sเ	ubtraction	6		
Contribution §	Subtraction (Fo	rm IL-1120-	ST filers o	nly)					
	Α		В			С	D		
	ne of zone		Zone organ				Column C x 2		
							a b		
							c		
8 Enter any distribut							8		
9 Add Column D, Lin on Form IL-1120-S	nes 7a through 7c, ar			•	•	/	9		
■ Interest Subtr		Edge Redev	elopment 2	Zones (Form	IL-1120-ST f	inancial orga	anizations only)		
Α	В	C	_ D	E	F	G	Н		
Borrower	Property by which loan is secured	Year of investment credit	Zone of secured property	Basis of property	Loan amount	Total interest	Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col. C		
10 a							a		
b							b		
с							c		
11 Enter any distribut Attach Schedule(Edge Redevelo	pment Zone	Interest Subtr	raction from S o		1		
12 Add Column H, Lin	nes 10a through 10		ot Cultive st	en have and	Form II 1100	OT Line OO 4	2		

(F	orm IL-1120-ST	financial orgai	nizations on	ly)				
	A Borrower	B Property by which loan is secured	C Year of investment credit	D Zone of secured property	E Basis of property	F Loan amount	G Total interest	H Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col. G
12 0								
								_ a _ b
								_ C
	inter any distributive		mpact Busine	ess Interest S	Subtraction from	S corporations.		14
	dd Column H, Line				High Impact Bus	ness		15
 Ste	p 2: Figure y	our credit						
F	ilm Production	n Services Tax	c Credit					
16 a	Enter the amount Department of Co	mmerce and Eco						
	Attach DCEO ce		D 1 11 0		Pr. 6			a
D	Enter the distribut partnerships or S				redit from other			b
С	Add Lines 16a an share on Schedul			enter each o	wner's			c
E	Interprise Zone	e Investment	Credit					
	Α	В	С	D	E	F	G	н
	Description of qualified prope			New/Used (see instr.)	Name of Zone	Basis	Rate	Column F x Column G
17 a	ı <u></u>						005	a
								b
С							005	c
	nter any distributive	•			t from			
	artnerships and S	•	,	•				18
	dd Column H, Line ere and enter each					nvestment Cre		19
	River Edge Red	•						
Note-								ons for more information.
	A Description o	B of Date place	C ed in ACRS	D New/Used	E	F	G Rate	Н
	qualified prope		linois class		Name of Zone	Basis	(see instr.)	Column F x Column G
20 a								a
b								b
С								c
	inter any distributive artnerships and S		-	-	Investment Credit	from		21
	•		(0,				

Interest Subtraction - High Impact Business within a Foreign Trade Zone (or sub-zone)

Page 2 of 5 Schedule 1299-A (R-12/15)

	Tax Credit for Afford	dable Housi	ng Dona	ntions							
23	Enter the total amount of Attach a copy of proof of								_		
24	Enter any distributive share of Tax Credit for Affordable Housing Donations from other partnerships and S corporations and any credit transferred to you by the donor. Attach Schedule(s) K-1-P. 24										
25	Add Lines 23 and 24. Ento	25 _									
	■ Economic Development for a Growing Economy (EDGE) Tax Credit										
26	Enter the amount of EDG Attach DCEO certificate.	26 _									
27	Enter any distributive share Attach Schedule(s) K-1-F		Credit fro	m other partn	erships and	IS corpora	tions.		27 _		
28	Add Lines 26 and 27. Ent Schedule K-1-P, Line 52e		ax Credit	here and ent	er each owr	ner's share	on		28 _		
	Research and Deve	lopment Cre	dit								
<u>=Not</u>	☐ If your tax year ends a	fter December	31, 2015,	enter zero on	Lines 29 th	rough 35. S	See the ins	structions for	r moi	e information.	
							<i>P</i>	١		B	
00	Enter the following:						•	• .		This year's expenses	
	Illinois wages for qualified	services. See i	nstruction	S.							
30	Illinois cost of supplies										
31	Illinois rental or lease cos	•									
32	65% (.65) of Illinois contra	act expenses				32 _					
33	Figure your credit: Total Illinois qualifying 6	exnenses Add	l ines 29 t	hrough 32 of	each colum	n 33					
34	Subtract Column A, Line 3	-		•							
	Multiply Line 34 by 6.5% (TD, LINE C	o. Il flegative,	, enter zero.						
	Enter any distributive shall		nd develo	nment credit f	rom other n	artnershing	s and		-		
00	S corporations. Attach So			prinorit Grount i	TOTT OUTOT P	ar triororing	o di id		36 _		
37	Add Lines 35 and 36. Entowner's share on Schedul			evelopment C	credit here	and enter e	each		37 _		
	Ex-Felons Jobs Cre	dit									
	Α	В	С	D	E	F	G	Н		1	
	Name	SSN	Date hired	Qualified wages		Max credit amount		Col. F minus	S	Enter the lesser of Column E or H	
38	a			•	, ,				а		
	b										
39	Enter any distributive share Attach Schedule(s) K-1-F	re of Ex-Felons	-								
40	Add Column I, Lines 38a each owner's share on So	through 38c and		Enter your Ex	-Felons Jo	bs Credit	here and				
	Veterans Jobs Cred		•	ctions befor	re comple	eting.			40		
	Α		В		С	D		E		F	
41	Name		SSN	wa	lified ges	Column (x 20% (.20	0) ar	c credit nount 5,000	a	Enter the lesser of Column D or E	
71	b							5,000			
	C							5,000 5,000			
40								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
	Enter any distributive sha Attach Schedule(s) K-1-F	P.		·		•			42 _		
43	Add Column F, Lines 41a each owner's share on So	-		Enter your Ve	eterans Job	os Credit h	ere, and 6	enter	43		

Schedule 1299-A (R-12/15)

Page 3 of 5

	Student-Assistance Contrib	ution Credi	t				
	Α	В	С	D	E		F
	Name	SSN	Qualified contribution amount	Column C x 25% (.25)	Max credit amount		Enter the lesser of Column D or E
44	a		_		\$500	a	
	b				\$500	b	
	c				\$500	c	
45	Enter any distributive share of Stude and S corporations. Attach Schedule		Contribution Credit fro	m partnerships		45	
46	Add Column F, Lines 44a through 44 here and enter each owner's share of		•	sistance Contr	ibution Credit	46	
	Angel Investment Credit						
47	Enter the amount of available credit received from the DCEO. Attach DC		redit Certificate you			47	
48	Enter any distributive share of Angel Attach Schedule(s) K-1-P.	Investment Cr	edit from partnerships a	nd S corporatio	ns.	48	
49	Add Lines 47 and 48. Enter your An each owner's share on Schedule K-		t Credit here and enter			49	
	New Markets Credit						
50	Enter the amount of available credit received from the DCEO. Attach DC		redit Certificate you			50	
51	Enter any distributive share of New I Attach Schedule(s) K-1-P.	Markets Credit	from partnerships and S	corporations.		51	
52	Add Lines 50 and 51. Enter your Ne each owner's share on Schedule K-		dit here and enter			52	
	River Edge Historic Preserv	ation Credi	t				
Note	∃ If your tax year begins on or after	July 28, 2016,	enter zero on Line 53.	See the instructi	ons for more info	rmation	
53	Enter the amount of available credit received from the DCEO. Attach DC		redit Certificate you			53	
54	Enter any distributive share of River from partnerships and S corporation					54	
55	Add Lines 53 and 54. Enter your Riv each owner's share on Schedule K-		ric Preservation Credi	t here and ente	er	55	
	Live Theater Production Tax	Credit					
56	Enter the amount of available credit from the DCEO or the amount transf					56	
57	Enter any distributive share of Live The from partnerships and S corporations					57	
58	Add Lines 56 and 57. Enter your Liv owner's share on Schedule K-1-P, Li		duction Tax Credit here	e and enter each	h	58	
	Hospital Credit						
59	Enter the amount of real property tall hospital purposes during the prior ta		the tax year on Illinois I	real property us	ed for	59	
60	Enter the cost of free or discounted s to the hospital's charitable financial a			ing the tax year	pursuant	60	
61	Enter the lesser of Line 59 or Line 6	0. This is your H	Hospital Credit before tra	ansfers.			
62	Enter any amount of the credit on Lie of the transfer. See instructions.	ne 61 you have	transferred or intend to	transfer. Attacl	n a written notice		
63	Subtract Line 62 from Line 61. This a	amount cannot	be less than zero.			63	
64	Enter any distributive share of Hospit transferred to you. Attach Schedule(sto the Illinois Department of Revenue	s) K-1-P or a co				64	
65	Add Lines 63 and 64. Enter your Ho		ere and enter each own	er's share on			
	Schedule K-1-P, Line 52n.					65 <u> </u>	



Historic Preservation Credit

owner's share on Schedule K-1-P, Line 52o.

If your tax year ends after December 31, 2015, enter zero on Line 66. See the instructions for more information.
Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO or the amount transferred to you. Attach DCEO certificate.
Enter any distributive share of Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.
Add Lines 66 and 67. Enter your Historic Preservation Credit here and enter each



68 _____