Enter your name as shown on your return.

Year ending

Enter your federal employer identification number (FEIN).

Month Year IL Attachment No. 3

2016 Schedule 1299-D **Income Tax Credits** (for corporations and fiduciaries) Attach to your Form IL-1120, IL-1041, IL-990-T.

Re	ad this information	n before com	pleti	ng this sc	hedule:					
Тос	What do I need to complete this Schedule? To correctly complete this 2016 Schedule 1299-D, you need to refer to Step 3 of the 2015 Schedule 1299-D to calculate the amount of available credit carryforward that may be used on this 2016 Schedule 1299-D.									
Sche	You also will need all certificates issued to you from the Department of Commerce and Economic Opportunity (DCEO) 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.									
Sto	Step 1: Figure your credits									
Se	ction A — Credits	which can be	e car	ried for tw	o years					
	TECH-PREP Youth	Vocational Pr	ogran	ns Credit						
1	Enter direct payroll expe	enses and amount	for pers	onal services	s	x .:	20 =	1		
	Dependent Care A	ssistance Pro	gram	Credit						
2	Enter the expenses for o	on-site dependent	care.			x .	05 =	2		
3	Add Lines 1 and 2. Ente							3		
	This is the total of your of	credits that can be	carried	for two years	i.			3		
Se	ction B — Credits	which can be	e car	ried for fiv	ve years					
	Film Production Se	ervices Tax Cr	edit							
4	Enter the amount of ava									
_	received from DCEO or		-					4		
5	Enter any distributive sh Attach Schedule(s) K-1		tion Se	rvices Tax Cr	edit from partnership	s and S corp	orations.	5		
6	Add Lines 4 and 5. This	is your Film Prod	uction	Services Tax	Credit.			→ 6		
	Employee Child Ca	are Tax Credit	(Form	IL-1120 file	rs only)					
7	Enter the total start-up of	costs to provide the	child o	are facility.		x .	30 =	7		
8	Enter the annual amoun	t 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	dit							
	A Description of qualified property	B Date placed in service in Illinois Month Year			E Name of zone	F Basis	G Rate	H Column F x Column G		
10	a	/					.005	a		
	b						.005	b		
							c			
11	Enter any distributive sh Attach Schedule(s) K-1		Zone In	vestment Cre	dit from partnerships	and S corpo	rations.	11		
12	Add Column H, Lines 10 This is your Enterprise							▶12		
10					0.14			13		
13	13 Add Lines 6, 9, and 12. Enter the total here and on Page 2, Line 14.									

		_	_	
River Edge	Redevelon	ment Zone	Investment	Cradit
 IIIVEI LUUC	I ICUC V CIUD	IIICIIL ZUIIC	HIVESHIEHL	VIGUIL

=Not	Α	В	C D	E	F	G	ons for more information. H
	Description of qualified property	Date placed in AG service in Illinois cl Month Year		Name of zone	Basis	Rate (see instr.)	Column F x Column G
15	a	/					a
							b
	c	/					c
16	Enter any distributive sh partnerships and S corp	•		ne Investment Credit fro	m		16
17	Add Column H, Lines 15 This is your River Edge			Credit.		\rightarrow	17
	High Impact Busin	ess Investment	Credit				
	A Description of qualified property	B Date placed in service in Illinois Month Year		D E ew/Used Name of instructions)	zone	F Basis	G Column F x .5% (.005)
18	a						a
	b						b
	c						c
19	Add Column G, Lines 18	8a through 18c. This is	s your High Imp	act Business Investme	ent Credit.	\longrightarrow	19
	Tax Credit for Affo	rdable Housing	Donations				
20	Enter the total amount of Attach a copy of proof of			eresing Development Author			20 o.
21	Enter any distributive sh S corporations or transfe				erships and		21
22	Add Lines 20 and 21. Th	nis is your Tax Credit	for Affordable	Housing Donations.		\rightarrow	22
	Economic Develop	oment for a Grow	ving Econom	y (EDGE) Tax Cred	lit		
23	Enter the amount of EDO Attach DCEO certificate		ed to you for this	tax year under your agre	eement with		23
	Enter any distributive sh			ships and S corporations	s. Attach So		24
	Add Lines 23 and 24. Th					\rightarrow	25
	River Edge Redeve	-			00 C 4	h	for more information
_1101	If your tax year begir A	is on or after July 12,	B	C	JII 20. See τ	ne msiruciio	D
	Name of Zone		ursed remediatio				Column B x Column C
26	a			25% (.25)			a
	b			25% (.25)			b
	c			25% (.25)			c
				nmental Protection Agen	су.		
27	Enter the amount of Rive Attach a copy of the lett				to you.		27
28	Add Column D, Lines 26 This is your total River I			ation Credit.		\rightarrow	28
29	Add Lines 14, 17, 19, 22	2, 25, and 28. Enter th	ne total here and	I on Page 3, Line 30.			29

Ex-Felons Jobs Credit

	Α	В	С	D	E	F	G	н	1
	Name	SSN	Date hired	Qualified wages	Col. D x 5% (.05)	Max credit amount	Prior credit	Col. F minus Col. G	Enter the lesser of Column E or H
31	a		/			_ \$1,500 _		a _	
	b		/_			_ \$1,500 _		b _	
	c		/			_ \$1,500 _		c _	
32	Enter any distributive shar from partnerships and S c							32 _	
33	Add Column I, Lines 31a	through 31c a	nd Line 32. T	his is your to	tal Ex-Felo	ns Jobs Cr	edit.	→ 33 _	
	Veterans Jobs Cred	l it See spec	cific instruc	tions befor	e comple	ting.			
=Note	Note If your tax year ends after December 31, 2016, do not complete Lines 34a through 34c. See the instructions for more information.								
	Α		В	С		D		E	F
				Qualif	hai	Column C	May	r credit	Enter the lesser

	Name	SSN	wages	x 20% (.20)	amount		of Column D or E	
34	a				\$5,000	a _		
	b				\$5,000	b _		
	c				\$5,000	c _		
35	Enter any distributive share of Vertrom partnerships and S corporation		e(s) K-1-P.			35 _		
36	Add Column F, Lines 34a through	gh 34c and Line 35. Th	is is vour total Vete	rans Jobs Credit		▶ 36 _		

36 Add Column F, Lines 34a through 34c and Line 35. This is your total Veterans Jobs Credit.

Student-Assistance Contribution Credit

	Name	SSN	Qualified contribution amount	Column C x 25% (.25)	Max credit amount	Enter the lesser of Column D or E
37	a				\$500	a
	b				\$500	b
	c				\$500	c
	Enter any distributive share of S					20

from partnerships and S corporations. Attach Schedule(s) K-1-P.

39 Add Column F, Lines 37a through 37c and Line 38. This is your total Student-Assistance Contribution Credit.

Angel Investment Credit

40 Enter the amount of available credit from the Tax Credit Certificate you received from DCEO. Attach DCEO certificate.

41 Enter any distributive share of Angel Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.

42 Add Lines 40 and 41. This is your Angel Investment Credit.

New Markets Credit

43 Enter the amount of available credit from the Tax Credit Certificate you received from DCEO. Attach DCEO certificate.

44 Enter any distributive share of New Markets Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.

45 Add Lines 43 and 44. This is your **New Markets Credit**.

46 Add Lines 30, 33, 36, 39, 42, and 45. Enter the total here and on Page 4, Line 47.

	40
→	41 42
	43
	44
→	45
	46

→ 39 _____

47	Enter the amount from Page 3, Line 46.	47
	River Edge Historic Preservation Credit	
48	Enter the amount of available credit from the Tax Credit Certificate you received from DCEO. Attach DCEO certificate.	48
49	Enter any distributive share of River Edge Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.	49
50	Add Lines 48 and 49. This is your River Edge Historic Preservation Credit.	50
51	Live Theater Production Tax Credit Enter the amount of available credit from the Tax Credit Certificate you received from DCEO or the amount transferred to you. Attach DCEO certificate.	51
52	Enter any distributive share of Live Theater Production Tax Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.	52
53	Add Lines 51 and 52. This is your Live Theater Production Tax Credit.	53
	Hospital Credit	
	 If your tax year begins on or after June 14, 2017, enter zero on Lines 54 through 58, and include on Line 59 only the portion which was distributed to you on Schedule K-1-P. Do not include any ar See the instructions for more information. Enter the amount of real property taxes paid during the tax year on Illinois real property used for 	
	hospital purposes during the prior tax year.	54
55	Enter 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.	55
56	Enter the lesser of Line 54 or Line 55. This is your Hospital Credit before transfers.	56
57	Enter any amount of the credit on Line 56 you have transferred or intend to transfer. Attach a written notice of the transfer. See instructions.	57
58	Subtract Line 57 from Line 56. This amount cannot be less than zero.	58
59	Enter 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.	59
60	Add Lines 58 and 59. This is your Hospital Credit.	60
	Total five-year credits	
	Add Lines 47, 50, 53, and 60. Also include the amount of 2016 Research and Development Credit you are claiming from your supplemental Schedule 1299-D (R&D). Line 10. if applicable. See instructions. Enter this	

amount on Step 2, Line 20. 61 _____



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

<u>≡Note</u> All line references in this step refer to Step 2 of this Schedule 1299-D, unless otherwise noted.

1	Enter your total tax (see instructions).	1		
	Enter the amount of foreign tax credit from Form IL-1041, Schedule CR, Line 59 (Form IL-1041 filers only).			
	Subtract Line 2 from Line 1. If the amount is zero or negative, enter zero.			
	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 1.			
	Subtract Line 4 from Line 3. This amount may be negative.			
	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 2.			
	If Line 5 is negative, enter the amount from Line 6 as a negative number. Otherwise, subtract Line 6 from Line 5.			
	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 3.			
	If Line 7 is negative, enter the amount from Line 8 as a negative number. Otherwise, subtract Line 8 from Line 7.			
	If Line 9 is negative, enter the amount from Line 10 as a negative number. Otherwise, subtract Line 10 from Line 9.			
	Enter the amount from Step 1, Section A, Line 3, of this Schedule 1299-D.			
13	If Line 11 is negative, enter the amount from Line 12 as a negative number. Otherwise, subtract Line 12 from Line 11.			
15	If Line 13 is negative, enter the amount from Line 14 as a negative number. Otherwise, subtract Line 14 from Line 13.			
16	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 6.	16		
17	If Line 15 is negative, enter the amount from Line 16 as a negative number. Otherwise, subtract Line 16 from Line 15.	17		
18	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 7.	18		
19	If Line 17 is negative, enter the amount from Line 18 as a negative number. Otherwise, subtract Line 18 from Line 17.	19		
20	Enter the amount from Step 1, Section B, Line 61, of this Schedule 1299-D.	20		
21	If Line 19 is negative, enter the amount from Line 20 as a negative number. Otherwise, subtract Line 20 from Line 19.	21		
22	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 8.	22		
23	If Line 21 is negative, enter the amount from Line 22 as a negative number. Otherwise, subtract Line 22 from Line 21.	23		
24	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 9.	24		
25	If Line 23 is negative, enter the amount from Line 24 as a negative number. Otherwise, subtract Line 24 from Line 23.	25		
26	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 10.	26		
27	If Line 25 is negative, enter the amount from Line 26 as a negative number. Otherwise, subtract Line 26 from Line 25.	27		
28	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 11.	28		
29	If Line 27 is negative, enter the amount from Line 28 as a negative number. Otherwise, subtract Line 28 from Line 27.	29		
30	Enter the amount from 2015 Schedule 1299-D, Step 3, Line 12.	30		
31	If Line 29 is negative, enter the amount from Line 30 as a negative number. Otherwise, subtract Line 30 from Line 29.	31		
32	Figure the amount of credit to use this year.			
	<u>=Note</u> → If the lesser number is negative, enter zero.			
	a Enter the lesser of Step 2, Line 3 or Line 4.		-	
	b Enter the lesser of Step 2, Line 5 or Line 6.		-	
	c Enter the lesser of Step 2, Line 7 or Line 8.			
	 d Enter the lesser of Step 2, Line 9 or Line 10. e Enter the lesser of Step 2, Line 11 or Line 12. e 			
	f Enter the lesser of Step 2, Line 13 or Line 14.		=	
	g Enter the lesser of Step 2, Line 15 or Line 16.		_	
	h Enter the lesser of Step 2, Line 17 or Line 18.			
	i Enter the lesser of Step 2, Line 19 or Line 20.			
	•		_	
	k Enter the lesser of Step 2, Line 23 or Line 24.			
	I Enter the lesser of Step 2, Line 25 or Line 26.			
	m Enter the lesser of Step 2, Line 27 or Line 28. n Enter the lesser of Step 2, Line 29 or Line 30. n		_	
33	Add Lines 32a through 32n. Enter the result here and on your		•	

Form IL-1120, Line 48, IL-1041, Line 46, or IL-990-T, Line 22.

Schedule 1299-D (R-08/17)

Page 5 of 6

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.	
	=Note→ 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, enter zero here. You do not have any credit from this year to carry. If Line 7 is negative, enter the amount from Line 8 here. 	
	• If Line 9 is negative, enter 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, enter zero here. You do not have any credit from this year to carry.	
	If Line 9 is negative, enter the amount from Line 10 here.	
	• If Line 11 is negative, enter 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, enter zero here. You do not have any credit from this year to carry.	
	 If Line 11 is negative, enter the amount from Line 12 here. If Line 13 is negative, enter that amount as a positive number here. 	3
4	Five-year credit carryforward that is available for the next two tax years.	<u> </u>
-	• If Line 15 is positive or zero, enter zero here. You do not have any credit from this year to carry.	
	• If Line 13 is negative, enter the amount from Line 14 here.	
	• If Line 15 is negative, enter 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, enter zero here. You do not have any credit from this year to carry. If Line 15 is negative, enter the amount from Line 16 here. 	
	If Line 17 is negative, enter that amount as a positive number here.	5
6	Five-year credit carryforward that is available for the next four tax years.	
	• If Line 19 is positive or zero, enter zero here. You do not have any credit from this year to carry.	
	• If Line 17 is negative, enter the amount from Line 18 here.	
	• If Line 19 is negative, enter 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, enter zero here. You do not have any credit from this year to carry. If Line 19 is negative, enter the amount from Line 20 here. 	
	If Line 21 is negative, enter that amount as a positive number here.	7
8	Ten-year credit carryforward that is available for the next five tax years.	
	• If Line 23 is positive or zero, enter zero here. You do not have any credit from this year to carry.	
	• If Line 21 is negative, enter the amount from Line 22 here.	
	• If Line 23 is negative, enter that amount as a positive number here.	8
9	Ten-year credit carryforward that is available for the next six tax years.	
	 If Line 25 is positive or zero, enter zero here. You do not have any credit from this year to carry. If Line 23 is negative, enter the amount from Line 24 here. 	
	If Line 25 is negative, enter that amount as a positive number here.	9
10	Ten-year credit carryforward that is available for the next seven tax years.	
	• If Line 27 is positive or zero, enter zero here. You do not have any credit from this year to carry.	
	• If Line 25 is negative, enter the amount from Line 26 here.	
	If Line 27 is negative, enter that amount as a positive number here.	10
11	Ten-year credit carryforward that is available for the next eight tax years.	
	 If Line 29 is positive or zero, enter zero here. You do not have any credit from this year to carry. If Line 27 is negative, enter the amount from Line 28 here. 	
	If Line 29 is negative, enter the amount as a positive number here.	11
12	Ten-year credit carryforward that is available for the next nine tax years.	-
	• If Line 31 is positive or zero, enter zero here. You do not have any credit from this year to carry.	
	• If Line 29 is negative, enter the amount from Line 30 here.	
	If Line 31 is negative, enter that amount as a positive number here.	12

