

## Tax Subtractions and Credits

(for partnerships and S corporations)

Year ending

Month Year

IL Attachment No. 9

er your name as shown on your return.  Enter your federal employer identification						number (FEIN).
tep 1:Figure your subtrac	tions					
■ River Edge Redevelopment Zoi	ne Divide	nd Subtrac	etion			
, A				В		C
Corporation's name				me of zone		Dividend amount a
b						
c						
2 Enter any distributive share of River Edg S corporations, and trusts. Attach Sched	•	•	Dividend Subt	raction from pa		2
3 Add Column C, Lines 1a through 1c, and Subtraction here and on Form IL-1065,				opment Zone D		3
ı High Impact Business within a	Foreign T	rade Zone	(or sub-zor	e) Dividend	Subtractio	n
A Corporation's name	•		Na	B me of zone		C Dividend amount
4 a						
b						
<ul> <li>Enter any distributive share of High Impa and trusts. Attach Schedule(s) K-1-P or</li> </ul>	ct Business				corporations,	5
6 Add Column C, Lines 4a through 4c, and here and on Form IL-1065, Line 29 or Fo	Line 5. Ente		mpact Busines	ss Dividend Su	btraction	6
Contribution Subtraction (Form	ı IL-1120-	ST filers o	nly)			
Α		В			С	D
Name of zone		Zone organization				Column C x 2
7 a b						a b
c						c
8 Enter any distributive share of Contribut						8
9 Add Column D, Lines 7a through 7c, and L on Form IL-1120-ST, Line 29.	ine 8. Enter y	our <b>Contribu</b>	tion Subtractio	n here and		9
■ Interest Subtraction - River Edg	ge Redeve	elopment 2	Zones (Form	IL-1120-ST fi	nancial orga	nizations only)
Α Β	C	_ D	E	F	G	Н
Property by which loan in Borrower is secured	Year of nvestment credit	Zone of secured property	Basis of property	Loan amount	Total interest	Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col.
O a						a
b						
c						с
1 Enter any distributive share of River Edg Attach Schedule(s) K-1-P.	je Redevelo	pment Zone	Interest Subtra	action from S c		1
2 Add Column H, Lines 10a through 10c a Enter your River Edge Redevelopment		est Subtraction	<b>on</b> here <b>and</b> on	Form IL-1120-9	ST, Line 26. <b>1</b>	2

	(Form IL-1120-ST	financial orga	nizations onl	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	: 1	H Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col. (
13	a							_ a .	
	b								
14	Enter any distributive								
	Attach Schedule(s)		impact busine	ss interest o	abtraction nom	o corporations.		14	
15	Add Column H, Line Interest Subtraction				igh Impact Bus	iness		15	
— Sto	ep 2: Figure y	your credit	S						
	Film Production	n Services Ta	x Credit						
16	a Enter the amount Department of Co Attach DCEO ce	ommerce and Eco					d to you.	a	
	<b>b</b> Enter any distribution partnerships or S				edit from other			b.	
	c Add Lines 16a an share on Schedul			enter each ow	ner's			C,	
	Enterprise Zone	e Investment	Credit						
	Α	В	С	D	E	F	G		н
	Description of qualified prope		llinois class	New/Used (see instr.)	Name of Zone	Basis	Rate		Column F x Column G
17	a						.005	а	
	b						.005	b	
	c						.005	C	
18	Enter any distributive and S corporations.			stment Credit	from partnership	os		18	
19	Add Column H, Line		` '	Enter vour <b>E</b>	nterprise Zone	Investment Cred	lit	10	
	here and enter each	•	*	•	•			19	
	Tax Credit for A	Affordable Ho	using Dona	ations					
20	Enter the total amount Attach a copy of pr								
21	21 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.								
22	Add Lines 20 and 2 owner's share on Se	ach							
	Economic Deve			Economy (	EDGE) Tax (	Credit			
23	Enter the amount of EDGE Tax Credit awarded to you for this tax year under your agreement with DCEO.  Attach DCEO certificate.								
24	Enter any distributiv  Attach Schedule(s)	e share of EDGE	Tax Credit from	m other partn	erships and S co	orporations.			
25	Add Lines 23 and 2	24. Enter your <b>ED</b>	GE Tax Credit	here <b>and</b> ent	er each owner's	share on		25	

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



	<b>Research and Devel</b>	opment Cre	edit (Qua	lifying expe	enses mus	t be from i	esearch activitie	s co	nducted in Illinois.)
							Α		В
	Enter the following:						e period avg. expens	ses	This year's expenses
26	Illinois wages for qualified	services. See i	instructions	S.				_	
27	Illinois cost of supplies							_	
28	Illinois rental or lease costs	·	i					_	
29	65% (.65) of Illinois contrac	ct expenses				29		_	
	Figure your credit:								
30	Add Lines 26 through 29 o				-	30			
31	Subtract Column A, Line 3		n B, Line 30	D. If negative,	enter zero.				
32	Multiply Line 31 by 6.5% (.	•						32	
33	Enter any distributive share			-				00	
0.4	from partnerships and S co	-						33	
34	Add Lines 32 and 33. Ente share on Schedule K-1-P, I	-	cn and De	velopment C	realt nere	and enter ea	icn owner's	34	
	Ex-Felons Jobs Cred							<b>U</b> T	
				_	_	_			
	Α	В	C Date	D Qualified	E Col. D	F Max credit	G H Prior Col. F minu	ıs	I Enter the lesser of
	Name	SSN	hired	wages	x 5% (.05)	amount	credit Col. G		Column E or H
35	a		/			\$1,500 <u> </u>		_ a	
	b								
	c		/			\$1,500 <u> </u>		_ c	
36	Enter any distributive share		Jobs Cred	lit from partn	erships and	S corporation	ons.		
	Attach Schedule(s) K-1-P.							36	
37	Add Column I, Lines 35a tl each owner's share on Sch			Enter your <b>E</b> x	c-Felons Jo	<b>bs Credit</b> h	ere <b>and</b> enter	27	
								31	
	Student-Assistance	Contributi	on Credi	it					
	Α		В	С		D	E		F
	Name		SSN	Quali contributio		Column C x 25% (.25)	Max credit amount		Enter the lesser of Column D or E
38	a					( -,	\$500	2	
00		_					\$500 \$500		
	b			_					
39							\$500	C	
39	Enter any distributive share and S corporations. <b>Attacl</b>			JOHINDULION C	realt from pa	armerships		39	
40	Add Column F, Lines 38a	` '		. Enter vour S	Student-Ass	sistance Co	ntribution Credit		
	here, on Schedule M (for	businėsses), S							
	Schedule K-1-P, Line 52g.							40	
	Angel Investment C	redit							
41	Enter the amount of availa			redit Certifica	ate you			4.4	
40	received from DCEO. Atta							41	
42	Enter any distributive shar	ro at Angal Inv		radit tram nai	thorehine a	ad S cornors	itions.		
	Attach Schedule(s) K-1-F		estment Cr	edit ilolli pai	mersinps a	id o corpora		42	
43	Attach Schedule(s) K-1-F Add Lines 41 and 42. Enter	P		•		id o corpora		42	

43 \_\_\_\_\_

	New Markets Credit	
44	Enter the amount of available credit from the Tax Credit Certificate you received from DCEO. <b>Attach</b> DCEO certificate.	44
45	Enter any distributive share of New Markets Credit from partnerships and S corporations. <b>Attach</b> Schedule(s) K-1-P.	45
46	Add Lines 44 and 45. Enter your <b>New Markets Credit</b> here <b>and</b> enter each owner's share on Schedule K-1-P, Line 52i.	46
	River Edge Historic Preservation Credit	
47	Enter the amount of available credit from the Tax Credit Certificate you received from DCEO. <b>Attach</b> DCEO certificate.	47
48	Enter any distributive share of River Edge Historic Preservation Credit from partnerships and S corporations. <b>Attach</b> Schedule(s) K-1-P.	48
49	Add Lines 47 and 48. Enter your <b>River Edge Historic Preservation Credit</b> here <b>and</b> enter each owner's share on Schedule K-1-P, Line 52j.	49
	Live Theater Production Tax Credit	
50	Enter the amount of available credit from the Tax Credit Certificate you received from DCEO or the amount transferred to you. <b>Attach</b> DCEO certificate.	50
51	Enter any distributive share of Live Theater Production Tax Credit from partnerships and S corporations. <b>Attach</b> Schedule(s) K-1-P.	51
52	Add Lines 50 and 51. Enter your <b>Live Theater Production Tax Credit</b> here <b>and</b> enter each owner's share on Schedule K-1-P, Line 52k.	52
	Hospital Credit	
53	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.	53
54	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.	54
55	Enter the lesser of Line 53 or Line 54. This is your Hospital Credit before transfers.	55
56	Enter any amount of the credit on Line 55 you have transferred or intend to transfer. <b>Attach</b> a written notice of the transfer. See instructions.	56
57	Subtract Line 56 from Line 55. This amount cannot be less than zero.	57
58	Enter any distributive share of Hospital Credit from partnerships and S corporations or any amount transferred to you. <b>Attach</b> Schedule(s) K-1-P or a copy of the notice of transfer the seller or donor issued to the Illinois Department of Revenue.	58
59	Add Lines 57 and 58. Enter your <b>Hospital Credit</b> here <b>and</b> enter each owner's share on	

Schedule K-1-P, Line 52I.

59 \_\_\_\_\_

## Other Credits which may be carried forward for five years

See instructions before completing. Identify below Illinois Income Tax credits which are allowed by the Illinois Income Tax Act (IITA), which may be claimed on the 2017 Schedule 1299-A, and which may be carried forward five years, but for which no specific line has been provided on this 2017 Schedule 1299-A. Attach any documentation as required by the IITA, the Illinois Income Tax Regulations, or the Schedule 1299-A instructions. **Do not** report on these lines Illinois Income Tax credits

- which may be carried forward for a period of other than 5 years,
- which have expired and may not be claimed on this 2017 Schedule 1299-A, or
- for which a specific line has been provided elsewhere on this 2017 Schedule 1299-A.

Failure to follow these instructions may result in further correspondence from the Department, the disallowance of the credit, or a delay in the processing of your return. You also may be required to submit further information to support the credit claimed.

	A Three Digit Other Credits Code Number	B Name and Breakdown of Other Credits claimed		C Amount of Other Credits claimed
60	a		. a_	
	b		. b_	
	c		. с_	
31	Enter any distributive share of 0	Other Credits from partnerships and S corporations. Attach Schedule(s) K-1-P.	61 _	
62	Add Column C, Lines 60a thro owner's share on Schedule K-	ugh 60c and Line 61. Enter your <b>Other Credits</b> here <b>and</b> enter each 1-P, Line 52m.	62 _	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Schedule 1299-A (R-06/18) Page 5 of 5