

Illinois Department of Revenue

Replacement Tax Investment Credits Attach to Form IL-1120, IL-1065, IL-1120-ST, IL-1041, or IL-990-T.



Year ending

_ ___

Month Year

IL Attachment No. 18

Enter your name as shown on your return. Enter your federal employer identification number (FEIN										ification number (FEIN).
Ste	ep 1:	Figure your F the tax year.	Replacemen	t Tax In	vestm	nent Cred	it for qualified	property placed	l in s	ervice during
		Α	B	С	D	E	F	G		н
		Description of qualified property		Useful life	New or used*	Business activity (see inst.)	Location of use (city or county)	Basis		Column G x .5% (.005)
1	a		/			·			1a 1b	
	D C		/			·			10	
	* If th	e property is used, er	nter the abbreviat	tion of the s	tate in w	hich the prop	erty was previously u	sed		
2		the total of each 0						2		
					ount fro	m Line 2. C	olumn H, here an			
	the bo	ox in Step 2. If you	r business is r	not new to	Illinois	, complete	Step 2 to see if yo			
		additional credit b							3	
4		the distributive sh h Schedule(s) K-1		ement lax	Invest	ment Credi	t from partnership	s and S corporatior		
5				1 This is	vour tot	al Ronlacon	nent Tax Investmen	t Credit from this ve		
	 5 Add Line 2, Column H, and Lines 3 and 4. This is your total Replacement Tax Investment Credit from this year. 6 Partnerships or S corporations only. Multiply Line 5 by the percentage of total ownership in the partnership 									
	or S c	orporation attributa	able to partner	s or share	holder	s subject to	replacement tax. S	See instructions.	-	
		act Line 6 from Lir							7	
		the amount of you								
		ines 7 and 8. This				available to	o use this year.			
		your total replace				10/1 50	adula CP. Lina 60	Soo instructions	10	
		Trusts only. Enter the amount of tax credit from Form IL-1041, Schedule CR, Line 60. See instructions. 11 Subtract Line 11 from Line 10. If the amount is zero or negative, enter zero. 12								
		the lesser of Line							12	
		s your Replaceme							13	
14		act Line 13 from L								
	This is	s the amount of ex	cess credit av	ailable to	be car	ried forward	d five years.		14	
You	Enter from L UI-3/4	mplete Lines 15 th natically qualify for as your "base em Line 1 of Illinois De 10, Employer's Con entries only for the	the additional ployment" the epartment of E ntribution and	credit. number o mployme Wage Rej	f cover nt Seci port.	ed workers urity Form	Month 1st 2nd 3rd	A Current year	-	B Preceding year
16	Enter	the total of each of	olumn.							
17	Enter	the number of mont	ths in your taxal	ble year fo	r each d	column. See				
18	For ea	ach column, divide d the result to six o	e the amount o decimal places	on Line 16 and ente	by the er the a	amount on mount here	u Line 17. e. 18 _	••		
19	Subtract Line 18, Column B, from Line 18, Column A and enter the result here. If the amount is positive , continue to Line 20. If the amount is zero or negative , stop here , enter zero on Line 3, and continue to Line 4. You do not qualify for the additional credit.								19	
20	If the	Divide Line 19 by Line 18, Column B. Round the result to six decimal places and enter the amount here If the amount is .01 or larger, stop here and enter the amount from Line 2, Column H, on Line 3. If this amount is less than .01, continue to Line 21.								
21	Multiply Line 20 by 50% (.50). Round to six decimal places and enter the result here.								21	
	-	Multiply Line 2, Column G, by Line 21, and enter the result here and on Line 3.							22	
	IL-4	477 (R-12/19)					ncome Tax Act. Disclosure of mation could result in a pena			