Illinois Department of Revenue



2014 Schedule 1299-D Attach to your Form IL-1120, IL-1041, IL-990-T.

Attach to your Form IL-1120, IL-1041, IL-990-1

Income Tax Credits

(for corporations and fiduciaries)

Month Year IL Attachment No. 3

Enter your name as shown on your return.

Enter your federal employer identification number (FEIN).

Read this information before completing this schedule:

What do I need to complete this Schedule?

To correctly complete this 2014 Schedule 1299-D, you will need to refer to Step 3 of the 2013 Schedule 1299-D to calculate the amount of available credit carryforward that may be used on this 2014 Schedule 1299-D.

You will also need all certificates issued to you from the Department of Commerce and Economic Opportunity 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 | Enter direct payroll expenses and amount for personal services. | _ x .20 = — 1 |
|---|--|---------------|
| | Dependent Care Assistance Program Credit | |
| 2 | Enter the expenses for on-site dependent care. | _ x .05 = — 2 |
| 3 | Add Lines 1 and 2. Enter 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 | Enter the amount of ava received from DCEO or | | | | 2 | certificate. | | 4 |
|----|---|---------------------------------------|---------|--------------------------|--------------|--------------|------|---------------------|
| 5 | Enter any distributive sh Attach Schedule K-1-P. | 5 | | | | | | |
| 6 | Add Lines 4 and 5. This | ▶ 6 | | | | | | |
| | Employee Child Ca | are Tax Credit (| Form | IL-1120 file | ers only) | | | |
| 7 | Enter the total start-up of | costs to provide the | child o | care facility. | | x. | 30 = | 7 |
| 8 | Enter 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 Emplo | oyee C | hild Care Tax | Credit. | | | ▶ 9 |
| | Enterprise Zone Investment Credit | | | | | | | |
| | 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 |
| | 4 | Month Year | | (000 | | | | |
| 10 | a | / | | | | | .005 | a |
| | b | / | | | | | .005 | b |
| | c /005 | | | | | | c | |
| 11 | 11 Enter any distributive share of Enterprise Zone Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | | | | | | | 11 |
| 12 | Add Column H, Lines 10 This is your Enterprise | | | | | | | ▶ 12 |
| 13 | Add Lines 6, 9, and 12. | Enter the total here | e and o | n Page 2, Lin | e 14. | | | 13 |





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| | River Edge Redeve | elopment Zone | Inves | tment C | | | | | |
|----|---|--|-------------|---------------|----------------------------------|--------------|-------------|---------------------------|------------------------------|
| | A Description of qualified property | B Date placed in service in Illinois Month Year | C ACRS I | D New/Used | E Name of zon | e | F Basis | G Rate (see instr.) | H Column F x Column G |
| 15 | b | / | | | | | | | a b |
| 40 | c | | | | | | | | С |
| 16 | Enter any distributive sha partnerships and S corpo | | | | one Investment Ci | redit fro | m | | 16 |
| 17 | Add Column H, Lines 15 This is your River Edge | | | | Credit. | | | | 17 |
| | High Impact Busin | ess Investmer | t Cred | lit | | | | | |
| | A Description of qualified property | B Date placed service in Illir Month Yea | ois c | | D lew/Used N instructions) | E Name of | zone | F Basis | G Column F x .5% (.005) |
| 18 | a | / | | | | | | | a |
| | b | / | | | | | | | b |
| | c | / | | | | | | | . c |
| 19 | Add Column G, Lines 18 | a through 18c. Thi | s is your | High Im | pact Business In | vestme | ent Credit. | \rightarrow | 19 |
| | Tax Credit for Affor | rdable Housin | g Dona | ations | | | | | |
| 20 | Enter the total amount of Attach a copy of proof o | | | | | | | | 20 |
| 21 | Enter any distributive sha S corporations or transfe | are of Tax Credit fo | or Afforda | able Hous | ing Donations from | | • | • | 21 |
| 22 | Add Lines 20 and 21. Th | is is your Tax Cree | dit for A | ffordable | Housing Donation | ons. | | \rightarrow | 22 |
| | Economic Develop | ment for a Gro | owing | Econor | ny (EDGE) Tax | Cred | lit | | |
| 23 | Enter the amount of EDC Attach DCEO certificate | | rded to y | ou for this | s tax year under y | our agr | eement wit | h DCEO. | 23 |
| 24 | Enter any distributive sha | are of EDGE Tax C | credit fro | m partnei | ships and S corpo | orations | . Attach S | | 24 |
| 25 | Add Lines 23 and 24. Th | is is your EDGE T a | ax Cred | it. | | | | \rightarrow | 25 |
| | Research and Deve | elopment Cred | lit (Qua | alifying e | xpenses must | be froi | n researc | h activitie | s conducted in Illinois.) |
| | Enter the following: | | | | | E | Base period | A avg. expens | B es This year's expenses |
| 26 | Illinois wages for qualifie | d services. See in: | struction | s. | | 26 | | | |
| 27 | Illinois cost of supplies | | | | | 27 | | | |
| 28 | Illinois rental or lease co | sts of computers | | | | 28 | | | |
| 29 | 65% (.65) of Illinois cont | ract expenses | | | | 29 | | | |
| | Illinois basic research pa Figure your credit: | | | | | | | | |
| | Add Lines 26 through 30 | | | | | 31 | | | |
| 32 | Subtract Column A, Line | | 3, Line 3 | 1. If nega | tive, enter zero. | | | | 32 |
| 33 | Multiply Line 32 by 6.5% | | | | | | | | 33 |
| 34 | Enter any distributive sha from partnerships and S | | | | | | | | 34 |
| 35 | Add Lines 33 and 34. Th | - | | | | | | \rightarrow | 35 |

36 Add Lines 14, 17, 19, 22, 25, and 35. Enter the total here and on Page 3, Line 37.

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River Edge Redevelopment Zone Remediation Credit

| | Α | T . 4 . 1 | В | | | С | | | | D |
|----------------------------------|---|-------------------------------|---|---|-----------------------------------|--|---|--|--|--|
| | Name of Zone | | reimbursed in excess o | | R | late | | | | Column B x Column C |
| 38 | a | | | | 25% | ő (.25) | | | a | |
| | b | | | | 25% | ő (.25) | | | b | |
| | c | | | | 25% | 6 (.25) | | | С | |
| | Attach a copy of the certi | fication issued | d by the Illing | ois Environme | ental Protect | tion Agency. | | | | |
| 39 | Enter the amount of River Attach a copy of the letter | - | - | | | | you. | | 39 | |
| 40 | Add Column D, Lines 38a This is your total River Ec | | | | on Credit. | | | | • 40 | |
| | Ex-Felons Jobs Cre | dit | | | | | | | | |
| | Α | В | С | D | Е | F | G | н | | I |
| | | | Date | Qualified | Col. D | Max credit | | Col. F mi | | Enter the lesser of |
| | Name | SSN | hired | wages | . , | amount | credit | Col. G | | Column E or H |
| 41 | a | | | | | | | | | |
| | b | | | | | | | | | |
| | c | | / | | | _ \$1,500 _ | | | C | |
| 42 | Enter any distributive share | | | | | | | | 42 | |
| | from partnerships and S co | orporations. A | ttach Sched | lule K-1-P. | | | | | | |
| | from partnerships and S co Add Column I, Lines 41a to Veterans Jobs Cred A | through 41c a | nd Line 42. | This is your to | | | edit. | → E | | F |
| | Add Column I, Lines 41a t Veterans Jobs Cred | through 41c a | nd Line 42. ⁻ cific instrue | This is your to | re comple | eting. | Max je an | E c credit nount | • 43 | |
| 43 | Add Column I, Lines 41a f Veterans Jobs Cred A | through 41c a it See spec | nd Line 42. ⁻ cific instruc B | This is your to ctions befor C Qualifi wage | re comple ied is <i>S</i> a | eting. D Column C x percentag | Max je an | E c credit nount | • 43 | F Enter the lesser of Column D or E |
| 43 | Add Column I, Lines 41a f Veterans Jobs Cred A Name | through 41c a it See spec | nd Line 42. ⁻ cific instruc B SSN | This is your to ctions befor C Qualifi wage | re comple led ls <i>S</i> | eting. D Column C x percentag | Max le an s for Colum | E c credit nount | ► 43 . a | F Enter the lesser of Column D or E |
| 43 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | through 41c a it See spec | nd Line 42. ⁻ cific instruc B SSN | This is your to ctions befor C Qualifi wage | re comple led ls <i>S</i> | ting. D Column C x percentag ee instructions | Max le an s for Colum | E c credit nount | ▶ 43 . a. b. | F Enter the lesser of Column D or E |
| 43 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | it See spec | nd Line 42. ⁻ B SSN Jobs Credit | This is your to ctions befor C Qualifi wage | re comple led ls <i>S</i> | ting. D Column C x percentag ee instructions | Max le an s for Colum | E c credit nount | ► 43 a b | F Enter the lesser of Column D or E |
| 43 44 45 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b Enter any distributive share | through 41c a it See spec | nd Line 42. B SSN Jobs Credit ttach Sched | This is your to ctions befor Qualifi wage | re comple | eting. D Column C x percentag ee instructions | Max le an s for Colum | E c credit nount | ► 43 a b | F Enter the lesser of Column D or E |
| 43 44 45 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b C Enter any distributive share from partnerships and S co Add Column F, Lines 44a | through 41c a it See spec | nd Line 42. ⁻ B SSN Jobs Credit ttach Sched | This is your to ctions befor Qualifi wage | re comple | eting. D Column C x percentag ee instructions | Max le an s for Colum | E c credit nount | ▶ 43 a b c | F Enter the lesser of Column D or E |
| 43 44 45 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b C Enter any distributive share from partnerships and S co | through 41c a it See spec | nd Line 42. ⁻ B SSN Jobs Credit ttach Sched | This is your to ctions befor Qualifi wage | re comple | eting. D Column C x percentag ee instructions | Max le an s for Colum | E c credit nount | ▶ 43 a b c | F Enter the lesser of Column D or E |
| 43 44 45 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b c Enter any distributive share from partnerships and S co Add Column F, Lines 44a Student-Assistance A | through 41c a it See spec | nd Line 42. B SSN Jobs Credit ttach Sched and Line 45. ion Credit B | This is your to ctions befor C Qualifi wage ulule K-1-P. This is your to t Qualif | re comple | eting. D Column C x percentag ee instructions | Max e an for Colum | E c credit nount <i>D and E.</i> | ▶ 43 a b c | F Enter the lesser of Column D or E |
| 43 44 45 46 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | through 41c a it See spec | nd Line 42. cific instruct B SSN Jobs Credit ttach Sched and Line 45. ion Credit B SSN | This is your to ctions befor C Qualifi wage ulle K-1-P. This is your to t C Qualifi | re comple | eting. D Column C x percentag ee instructions | Max le an <i>s for Colum</i> – – – – edit. | E c credit nount <i>D and E.</i> | 43 a b c 45 46 | F Enter the lesser of Column D or E F Enter the lesser of Column D or E |
| 43 44 45 46 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | through 41c a it See spec | nd Line 42. cific instruct B SSN Jobs Credit ttach Sched and Line 45. ion Credit B SSN | This is your to ctions befor C Qualifi wage lule K-1-P. This is your to t C Qualifi contribution | re comple | eting. D Column C x percentag ee instructions | Max e an s for Colum cdit. sdit. | E c credit nount ins D and E. E c credit nount 5500 | 43 a 45 46 | F Enter the lesser of Column D or E F Enter the lesser of Column D or E |
| 43 44 45 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | through 41c a it See spect | nd Line 42. cific instruct B SSN Jobs Credit ttach Sched and Line 45. ion Credit B SSN | This is your to ctions befor C Qualifi wage lule K-1-P. This is your to t C Qualifi contribution | re comple | bting. D Column C x percentag ee instructions bs Jobs Cree D Column C x 25% (.25 | Max le an s for Colum dit. sdit. 5) an _ \$ _ \$ | E c credit nount <i>D</i> and <i>E</i> . | 43 a b 45 46 | F Enter the lesser of Column D or E F Enter the lesser of Column D or E |
| 43 44 45 46 47 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b C Enter any distributive share from partnerships and S or Add Column F, Lines 44a Student-Assistance A Name a b C C | through 41c a it See spect | nd Line 42. cific instruct B SSN Jobs Credit ttach Sched and Line 45. ion Credit B SSN | This is your to ctions befor C Qualifi wage lule K-1-P. This is your to t C Qualif contribution | re comple | eting. D Column C x percentag ee instructions | Max le an s for Colum dit. sdit. 5) an _ \$ _ \$ | E c credit nount ins D and E. E c credit nount 5500 | 43 a b 45 46 | F Enter the lesser of Column D or E F Enter the lesser of Column D or E |
| 43 44 45 46 47 48 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a b C C Enter any distributive share from partnerships and S co Add Column F, Lines 44a Student-Assistance A Name a b C Enter any distributive share from partnerships and S co | through 41c a it See spect | nd Line 42. cific instruct B SSN Jobs Credit ttach Sched und Line 45. ion Credit B SSN Assistance (Attach Sched | This is your to ctions befor C Qualifi wage lule K-1-P. This is your to t Contribution Contribution C dule K-1-P. | re comple | bting. D Column C x percentag ee instructions bs Jobs Cree D Column C x 25% (.25 | Max le an s for Colum dit. sdit. 5) an _ \$ _ \$ | E c credit nount <i>D</i> and <i>E</i> . | 43 a b 45 46 | Enter the lesser of Column D or E F Enter the lesser of Column D or E |
| 43 44 45 46 47 48 | Add Column I, Lines 41a f Veterans Jobs Cred A Name a | through 41c a it See spect | nd Line 42. ⁻ B SSN Jobs Credit ttach Sched and Line 45. ion Credit B SSN Assistance (Attach Sche and Line 48. | This is your to ctions befor C Qualifi wage lule K-1-P. This is your to t Contribution Contribution C dule K-1-P. | re comple | bting. D Column C x percentag ee instructions bs Jobs Cree D Column C x 25% (.25 | Max le an s for Colum dit. sdit. 5) an _ \$ _ \$ | E c credit nount <i>D</i> and <i>E</i> . | 43 a 45 46 a b c 48 | F Enter the lesser of Column D or E F Enter the lesser of Column D or E |

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| 51 | Enter the amount from Page 3, Line 50. | 51 | 1 |
|-----|--|----|---|
| | Angel Investment Credit | | |
| 52 | Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. Attach DCEO certificate. | 52 | 2 |
| 53 | Enter any distributive share of Angel Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 53 | 3 |
| 54 | Add Lines 52 and 53. This is your Angel Investment Credit. | 54 | 1 |
| | New Markets Credit | | |
| 55 | Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. Attach DCEO certificate. | 55 | 5 |
| 56 | Enter any distributive share of New Markets Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 56 | 6 |
| 57 | Add Lines 55 and 56. This is your New Markets Credit . | 57 | 7 |
| | River Edge Historic Preservation Credit | | |
| 58 | Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. Attach DCEO certificate. | 58 | 3 |
| 59 | Enter any distributive share of River Edge Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 59 | 9 |
| 60 | Add Lines 58 and 59. This is your River Edge Historic Preservation Credit. | 60 |) |
| | Live Theater Production Tax Credit | | |
| 61 | 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. | 61 | I |
| 62 | Enter any distributive share of Live Theater Production Tax Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 62 | 2 |
| 63 | Add Lines 61 and 62. This is your Live Theater Production Tax Credit. | 63 | 3 |
| | Hospital Credit | | |
| 64 | 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. | 64 | 4 |
| 65 | 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. | 65 | 5 |
| 66 | Enter the lesser of Line 64 or Line 65. This is your Hospital Credit before transfers. | 66 | ð |
| 67 | Enter any amount of the credit on Line 66 you have transferred or intend to transfer. Attach a written notice of the transfer. See instructions. | | 7 |
| 68 | Subtract Line 67 from Line 66. This amount cannot be less than zero. | 68 | 3 |
| 69 | 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. | 69 | 9 |
| 70 | Add Lines 68 and 69. This is your Hospital Credit. | |) |
| | Total five-year credits Add Lines 51, 54, 57, 60, 63, and 70. Enter this amount on Step 2, Line 20 | 71 | 1 |
| | | | |
| Sec | ction C — Credits which can be carried for ten years | | |
| | Historic Preservation Credit | | |
| | Enter 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 | 2 |
| 73 | Enter any distributive share of the Historic Preservation Credit from partnerships and S corporations. Attach Schedule(s) K-1-P. | 73 | 3 |
| 74 | Add Lines 72 and 73. This is your Historic Preservation Credit . Enter this amount here and on Step 2, Line 28. | 74 | 1 |



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

ENOTE All line reference 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 56 (Form IL-1041 filers only). | 2 | | |
| | | | | |
| 4 | | | | |
| | Subtract Line 4 from Line 3. This amount may be negative. | | | |
| | Enter the amount from 2013 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 2013 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. | | | |
| | 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 2013 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 2013 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 71, 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 2013 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 2013 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 . | | |
| | | | | |
| 27 | If Line 25 is negative, enter the amount from Line 26 as a negative number. Otherwise, subtract Line 26 from Line 25. | 27 . | | |
| | Enter the amount from Step 1, Section C, Line 74, of this Schedule 1299-D. | | | |
| | If Line 27 is negative, enter the amount from Line 28 as a negative number. Otherwise, subtract Line 28 from Line 27. | 29 | | |
| | 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. a | | | |
| | b Enter the lesser of Step 2, Line 5 or Line 6. b | | | |
| | c Enter the lesser of Step 2, Line 7 or Line 8. c | | | |
| | d Enter the lesser of Step 2, Line 9 or Line 10. d | | | |
| | e Enter the lesser of Step 2, Line 11 or Line 12. | | | |
| | f Enter the lesser of Step 2, Line 13 or Line 14. f | | | |
| | g Enter the lesser of Step 2, Line 15 or Line 16. g b Enter the lesser of Step 2, Line 17 or Line 18 b | | | |
| | h Enter the lesser of Step 2, Line 17 or Line 18. i Enter the lesser of Step 2, Line 19 or Line 20. i | | | |
| | | | | |
| | k Enter the lesser of Step 2, Line 23 or Line 24. k | | | |
| | Enter the lesser of Step 2, Line 25 or Line 26. | | | |
| | m Enter the lesser of Step 2, Line 27 or Line 28. | | | |

 Add Lines 30a through 30m. Enter the result here and on your Form IL-1120, Line 48, IL-1041, Line 44, or IL-990-T, Line 22.
 Schedule 1299-D (R-12/14)



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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. <u>ENote</u> 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 | <i>Two-year credit carryforward</i> 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. | | |
| | • 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 | <i>Five-year credit carryforward</i> that is available for the next three tax years. | Т | |
| Ŭ | 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 | <i>Five-year credit carryforward</i> 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 | <i>Ten-year credit carryforward</i> that is available for the next seven tax years. | <i>·</i> | |
| Ŭ | 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 eight 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 nine 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 | <i>Ten-year credit carryforward</i> that is available for the next ten tax years. | IV | |
| | 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 that amount as a positive number here. | 11 | |

