2015 Schedule 1299-D

Attach to your Form IL-1120, IL-1041, IL-990-T.

Income Tax Credits
(for corporations and fiduciaries)

_____
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 2015 Schedule 1299-D, you will need to refer to Step 3 of the 2014 Schedule 1299-D to calculate the amount of available credit carryforward that may be used on this 2015 Schedule 1299-D.

You will also 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.

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 available credit from the Tax Credit Certificate you received from DCEO or that was transferred to you. See instructions. **Attach** DCEO certificate. **4** _____

5 Enter any distributive share of Film Production Services Tax Credit from partnerships and S corporations. **Attach** Schedule K-1-P. **5** _____

6 Add Lines 4 and 5. This is your **Film Production Services Tax Credit**. ⟶ **6** _____

■ **Employee Child Care Tax Credit (Form IL-1120 filers only)**

7 Enter the total start-up costs to provide the child care facility. _____ x .30 = **7** _____

8 Enter the annual amount paid to provide the child care facility. _____ x .05 = **8** _____

9 Add Lines 7 and 8. This is your total **Employee Child Care Tax Credit**. ⟶ **9** _____

■ **Enterprise Zone Investment Credit**

A Description of qualified property	B Date placed in service in Illinois Month Year	C ACRS class	D New/Used (see instr.)	E Name of zone	F Basis	G Rate	H Column F x Column G
10 a _____	___ /___	_____	_____	_____	_____	.005	**a** _____
b _____	___ /___	_____	_____	_____	_____	.005	**b** _____
c _____	___ /___	_____	_____	_____	_____	.005	**c** _____

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 10a through 10c, and Line 11. This is your **Enterprise Zone Investment Credit**. ⟶ **12** _____

13 Add Lines 6, 9, and 12. Enter the total here and on Page 2, Line 14. **13** _____

14 Enter the amount from Page 1, Line 13.   **14** _____

■ River Edge Redevelopment Zone Investment Credit

Note → If your tax year **begins** on or after July 12, 2016, do not complete Lines 15a through 15c. See the instructions for more information.

A Description of qualified property	B Date placed in service in Illinois (Month Year)	C ACRS class	D New/Used (see instr.)	E Name of zone	F Basis	G Rate (see instr.)	H Column F x Column G
15 a _____	__ / __	____	____	_____	____	____	**a** _____
b _____	__ / __	____	____	_____	____	____	**b** _____
c _____	__ / __	____	____	_____	____	____	**c** _____

16 Enter any distributive share of River Edge Redevelopment Zone Investment Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P.   **16** _____

17 Add Column H, Lines 15a through 15c, and Line 16.
This is your **River Edge Redevelopment Zone Investment Credit**. → **17** _____

■ High Impact Business Investment Credit

A Description of qualified property	B Date placed in service in Illinois (Month Year)	C ACRS class	D New/Used (see 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 18a through 18c. This is your **High Impact Business Investment Credit**. → **19** _____

■ Tax Credit for Affordable Housing Donations

20 Enter the total amount of your donation to eligible sponsors. _____ x .50 = **20** _____
Attach a copy of proof of the credit issued by the Illinois Housing Development Authority or the city of Chicago.

21 Enter any distributive share of Tax Credit for Affordable Housing Donations from partnerships and S corporations or transferred to you by the donor. **Attach** Schedule(s) K-1-P.   **21** _____

22 Add Lines 20 and 21. This is your **Tax Credit for Affordable Housing Donations**. → **22** _____

■ Economic Development for a Growing 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.   **23** _____

24 Enter any distributive share of EDGE Tax Credit from partnerships and S corporations. **Attach** Sch. K-1-P.   **24** _____

25 Add Lines 23 and 24. This is your **EDGE Tax Credit**. → **25** _____

■ Research and Development Credit (Qualifying expenses must be from research activities conducted in Illinois.)

Note → If your tax year **ends** after December 31, 2015, enter zero on Lines 26 through 33. See the instructions for more information.

Enter the following:

	A Base period avg. expenses	B This year's expenses
26 Illinois wages for qualified services. See instructions.	**26** _____	_____
27 Illinois cost of supplies	**27** _____	_____
28 Illinois rental or lease costs of computers	**28** _____	_____
29 65% (.65) of Illinois contract expenses	**29** _____	_____
30 Illinois basic research payments to qualified organizations (corporations only)	**30** _____	_____

Figure your credit:

31 Add Lines 26 through 30 of each column. Total Illinois qualifying expenses.   **31** _____ _____

32 Subtract Column A, Line 31 from Column B, Line 31. If negative, enter zero.   **32** _____

33 Multiply Line 32 by 6.5% (.065).   **33** _____

34 Enter any distributive share of Research and Development Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P.   **34** _____

35 Add Lines 33 and 34. This is your **Research and Development Credit.** → **35** _____

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

37 Enter the amount from Page 2, Line 36.   **37** _____

■ River Edge Redevelopment Zone Remediation Credit

	A Name of Zone	B Total unreimbursed remediation costs in excess of $100,000	C Rate	D Column B x Column C
38 a	_____	_____	25% (.25)	**a** _____
b	_____	_____	25% (.25)	**b** _____
c	_____	_____	25% (.25)	**c** _____

Attach a copy of the certification issued by the Illinois Environmental Protection Agency.

39 Enter the amount of River Edge Redevelopment Zone Remediation Credit transferred to you.
Attach a copy of the letter the seller issued to the Illinois Department of Revenue.   **39** _____

40 Add Column D, Lines 38a through 38c, and Line 39.
This is your total **River Edge Redevelopment Zone Remediation Credit**.   ⟶   **40** _____

■ Ex-Felons Jobs Credit

	A Name	B SSN	C Date hired	D Qualified wages	E Col. D x 5% (.05)	F Max credit amount	G Prior credit	H Col. F minus Col. G	I Enter the lesser of Column E or H
41 a	_____	_____	__ / __	_____	_____	$1,500	_____	_____	**a** _____
b	_____	_____	__ / __	_____	_____	$1,500	_____	_____	**b** _____
c	_____	_____	__ / __	_____	_____	$1,500	_____	_____	**c** _____

42 Enter any distributive share of Ex-Felons Jobs Credit
from partnerships and S corporations. **Attach** Schedule K-1-P.   **42** _____

43 Add Column I, Lines 41a through 41c and Line 42. This is your total **Ex-Felons Jobs Credit**.   ⟶   **43** _____

■ Veterans Jobs Credit See specific instructions before completing.

	A Name	B SSN	C Qualified wages	D Column C x 20% (.20)	E Max credit amount	F Enter the lesser of Column D or E
44 a	_____	_____	_____	_____	$5,000	**a** _____
b	_____	_____	_____	_____	$5,000	**b** _____
c	_____	_____	_____	_____	$5,000	**c** _____

45 Enter any distributive share of Veterans Jobs Credit
from partnerships and S corporations. **Attach** Schedule K-1-P.   **45** _____

46 Add Column F, Lines 44a through 44c and Line 45. This is your total **Veterans Jobs Credit.**   ⟶   **46** _____

■ Student-Assistance Contribution Credit

	A Name	B SSN	C Qualified contribution amount	D Column C x 25% (.25)	E Max credit amount	F Enter the lesser of Column D or E
47 a	_____	_____	_____	_____	$500	**a** _____
b	_____	_____	_____	_____	$500	**b** _____
c	_____	_____	_____	_____	$500	**c** _____

48 Enter any distributive share of Student-Assistance Contribution Credit
from partnerships and S corporations. **Attach** Schedule K-1-P.   **48** _____

49 Add Column F, Lines 47a through 47c and Line 48.
This is your total **Student-Assistance Contribution Credit.**   ⟶   **49** _____

50 Add Lines 37, 40, 43, 46, and 49. Enter the total here and on Page 4, Line 51.   **50** _____

51 Enter the amount from Page 3, Line 50. ⟶ **51** _____

■ Angel Investment Credit

52 Enter the amount of available credit from the Tax Credit Certificate you received
from the DCEO. **Attach** DCEO certificate. **52** _____

53 Enter any distributive share of Angel Investment Credit
from partnerships and S corporations. **Attach** Schedule(s) K-1-P. **53** _____

54 Add Lines 52 and 53. This is your **Angel Investment Credit**. ⟶ **54** _____

■ New Markets Credit

55 Enter the amount of available credit from the Tax Credit Certificate you received
from the DCEO. **Attach** DCEO certificate. **55** _____

56 Enter any distributive share of New Markets Credit from partnerships and
S corporations. **Attach** Schedule(s) K-1-P. **56** _____

57 Add Lines 55 and 56. This is your **New Markets Credit**. ⟶ **57** _____

■ River Edge Historic Preservation Credit

⊒Note⟶ If your tax year **begins** on or after July 28, 2016, enter zero on Line 58. See the instructions for more information.

58 Enter the amount of available credit from the Tax Credit Certificate you received
from the DCEO. **Attach** DCEO certificate. **58** _____

59 Enter any distributive share of River Edge Historic Preservation Credit
from partnerships and S corporations. **Attach** Schedule(s) K-1-P. **59** _____

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** _____

62 Enter any distributive share of Live Theater Production Tax Credit
from partnerships and S corporations. **Attach** Schedule(s) K-1-P. **62** _____

63 Add Lines 61 and 62. This is your **Live Theater Production Tax Credit.** ⟶ **63** _____

■ 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** _____

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** _____

66 Enter the lesser of Line 64 or Line 65. This is your Hospital Credit before transfers. **66** _____

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. **67** _____

68 Subtract Line 67 from Line 66. This amount cannot be less than zero. **68** _____

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** _____

70 Add Lines 68 and 69. This is your **Hospital Credit.** ⟶ **70** _____

■ Total five-year credits

71 Add Lines 51, 54, 57, 60, 63, and 70. Enter this amount on Step 2, Line 20. **71** _____

Section C — Credits which can be carried for ten years

■ Historic Preservation Credit

⊒Note⟶ If your tax year **ends** after December 31, 2015, enter zero on Line 72. See the instructions for more information.

72 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** _____

73 Enter any distributive share of the Historic Preservation Credit from partnerships and
S corporations. **Attach** Schedule(s) K-1-P. **73** _____

74 Add Lines 72 and 73. This is your **Historic Preservation Credit**. Enter this amount here and
on Step 2, Line 30. ⟶ **74** _____

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

≡Note➡ **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** _____

2 Enter the amount of foreign tax credit from Form IL-1041, Schedule CR, Line 59 (Form IL-1041 filers only). **2** _____

3 Subtract Line 2 from Line 1. If the amount is zero or negative, enter zero. ➝ **3** _____

4 Enter the amount from 2014 Schedule 1299-D, Step 3, Line 1. ➝ **4** _____

5 Subtract Line 4 from Line 3. This amount may be negative. **5** _____

6 Enter the amount from 2014 Schedule 1299-D, Step 3, Line 2. ➝ **6** _____

7 If Line 5 is negative, enter the amount from Line 6 as a negative number. Otherwise, subtract Line 6 from Line 5. **7** _____

8 Enter the amount from 2014 Schedule 1299-D, Step 3, Line 3. ➝ **8** _____

9 If Line 7 is negative, enter the amount from Line 8 as a negative number. Otherwise, subtract Line 8 from Line 7. **9** _____

10 Enter the amount from 2014 Schedule 1299-D, Step 3, Line 4. ➝ **10** _____

11 If Line 9 is negative, enter the amount from Line 10 as a negative number. Otherwise, subtract Line 10 from Line 9. **11** _____

12 Enter the amount from Step 1, Section A, Line 3, of this Schedule 1299-D. **12** _____

13 If Line 11 is negative, enter the amount from Line 12 as a negative number. Otherwise, subtract Line 12 from Line 11. **13** _____

14 Enter the amount from 2014 Schedule 1299-D, Step 3, Line 5. ➝ **14** _____

15 If Line 13 is negative, enter the amount from Line 14 as a negative number. Otherwise, subtract Line 14 from Line 13. **15** _____

16 Enter the amount from 2014 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 2014 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 2014 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 2014 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 2014 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 2014 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 Step 1, Section C, Line 74, of this Schedule 1299-D. **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.

≡Note➡ **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. **e** _____

  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** _____

  h Enter the lesser of Step 2, Line 17 or Line 18. **h** _____

  i Enter the lesser of Step 2, Line 19 or Line 20. **i** _____

  j Enter the lesser of Step 2, Line 21 or Line 22. **j** _____

  k Enter the lesser of Step 2, Line 23 or Line 24. **k** _____

  l Enter the lesser of Step 2, Line 25 or Line 26. **l** _____

  m Enter the lesser of Step 2, Line 27 or Line 28. **m** _____

  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. **33** _____

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.
   - 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 **six** 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 **seven** 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 **eight** 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 **nine** 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 that amount as a positive number here.　**11** _____

12 *Ten-year credit carryforward* that is available for the next **ten** 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** _____

Schedule 1299-D (R-12/15)

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.

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