



Enter your name as shown on your return.

Enter your federal employer identification number (FEIN).

Step 1: Figure your subtractions

River Edge Redevelopment Zone Dividend Subtraction

A	B	C
Corporation's name	Name of zone	Dividend amount
1 a _____	_____	a _____
b _____	_____	b _____
c _____	_____	c _____
2 Enter any distributive share of River Edge Redevelopment Zone Dividend Subtraction from partnerships, S corporations, and trusts. Attach Schedule(s) K-1-P or K-1-T.		2 _____
3 Add Column C, Lines 1a through 1c, and Line 2. Enter your River Edge Redevelopment Zone Dividend Subtraction here and on Form IL-1065, Line 28 or Form IL-1120-ST, Line 25.		3 _____

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

A	B	C
Corporation's name	Name of zone	Dividend amount
4 a _____	_____	a _____
b _____	_____	b _____
c _____	_____	c _____
5 Enter any distributive share of High Impact Business Dividend Subtraction from partnerships, S corporations, and trusts. Attach Schedule(s) K-1-P or K-1-T.		5 _____
6 Add Column C, Lines 4a through 4c, and Line 5. Enter your High Impact Business Dividend Subtraction here and on Form IL-1065, Line 29 or Form IL-1120-ST, Line 27.		6 _____

Contribution Subtraction (Form IL-1120-ST filers only)

A	B	C	D
Name of zone	Zone organization	Contribution amount	Column C x 2
7 a _____	_____	_____	a _____
b _____	_____	_____	b _____
c _____	_____	_____	c _____
8 Enter any distributive share of Contribution Subtraction from S corporations. Attach Schedule(s) K-1-P.			8 _____
9 Add Column D, Lines 7a through 7c, and Line 8. Enter your Contribution Subtraction here and on Form IL-1120-ST, Line 29.			9 _____

Interest Subtraction - River Edge Redevelopment Zones (Form IL-1120-ST financial organizations only)

A	B	C	D	E	F	G	H
Borrower	Property by which loan is secured	Year of investment credit	Zone of secured property	Basis of property	Loan amount	Total interest	Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col. G
10 a _____	_____	_____	_____	_____	_____	_____	a _____
b _____	_____	_____	_____	_____	_____	_____	b _____
c _____	_____	_____	_____	_____	_____	_____	c _____
11 Enter any distributive share of River Edge Redevelopment Zone Interest Subtraction from S corporations. Attach Schedule(s) K-1-P.							11 _____
12 Add Column H, Lines 10a through 10c and Line 11. Enter your River Edge Redevelopment Zone Interest Subtraction here and on Form IL-1120-ST, Line 26.							12 _____



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

(Form IL-1120-ST financial organizations only)

A	B	C	D	E	F	G	H
Borrower	Property by which loan is secured	Year of investment credit	Zone of secured property	Basis of property	Loan amount	Total interest	Col. E ÷ Col. F (cannot exceed "1") Multiply result by Col. G
13 a _____	_____	_____	_____	_____	_____	_____	a _____
b _____	_____	_____	_____	_____	_____	_____	b _____
c _____	_____	_____	_____	_____	_____	_____	c _____
14 Enter any distributive share of High Impact Business Interest Subtraction from S corporations. Attach Schedule(s) K-1-P.							14 _____
15 Add Column H, Lines 13a through 13c, and Line 14. Enter your High Impact Business Interest Subtraction here and on Form IL-1120-ST, Line 28.							15 _____

Step 2: Figure your credits

Film Production Services Tax Credit

16 a	Enter the amount of available credit from the Tax Credit Certificate you received from the Illinois Department of Commerce and Economic Opportunity (DCEO) or the amount that was transferred to you. Attach DCEO certificate.	a _____
b	Enter any distributive share of Film Production Services Tax Credit from other partnerships or S corporations. Attach Schedule(s) K-1-P.	b _____
c	Add Lines 16a and 16b. Enter the total here and enter each owner's share on Schedule K-1-P, Line 52a.	c _____

Enterprise Zone Investment Credit

A	B	C	D	E	F	G	H
Description of qualified property	Date placed in service in Illinois Month Year	ACRS class	New/Used (see instr.)	Name of Zone	Basis	Rate	Column F x Column G
17 a _____	___/___	_____	_____	_____	_____	.005	a _____
b _____	___/___	_____	_____	_____	_____	.005	b _____
c _____	___/___	_____	_____	_____	_____	.005	c _____
18 Enter any distributive share of Enterprise Zone Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.							18 _____
19 Add Column H, Lines 17a through 17c, and Line 18. Enter your Enterprise Zone Investment Credit here and enter each owner's share on Schedule K-1-P, Line 52b.							19 _____

River Edge Redevelopment Zone Investment Credit

Note If your tax year **begins** on or after July 12, 2016, do not complete Lines 20a through 20c. See the instructions for more information.

A	B	C	D	E	F	G	H
Description of qualified property	Date placed in service in Illinois Month Year	ACRS class	New/Used (see instr.)	Name of Zone	Basis	Rate (see instr.)	Column F x Column G
20 a _____	___/___	_____	_____	_____	_____	_____	a _____
b _____	___/___	_____	_____	_____	_____	_____	b _____
c _____	___/___	_____	_____	_____	_____	_____	c _____
21 Enter any distributive share of River Edge Redevelopment Zone Investment Credit from partnerships and S corporations. Attach Schedule(s) K-1-P.							21 _____
22 Add Column H, Lines 20a through 20c, and Line 21. Enter your River Edge Redevelopment Zone Investment Credit here and enter each owner's share on Schedule K-1-P, Line 52c.							22 _____



■ Tax Credit for Affordable Housing Donations

Note If your tax year ends after December 31, 2016, enter zero on Line 23. See the instructions for more information.

- 23 Enter the total amount of your donation to eligible sponsors here. _____ x .50 = **23** _____
Attach a copy of proof of the credit issued by the Illinois Housing Development Authority or the city of Chicago.
- 24 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. **24** _____
- 25 Add Lines 23 and 24. Enter your **Tax Credit for Affordable Housing Donations** here and enter each owner's share on Schedule K-1-P, Line 52d. **25** _____

■ Economic Development for a Growing Economy (EDGE) Tax Credit

- 26 Enter the amount of EDGE Tax Credit awarded to you for this tax year under your agreement with DCEO.
Attach DCEO certificate. **26** _____
- 27 Enter any distributive share of EDGE Tax Credit from other partnerships and S corporations.
Attach Schedule(s) K-1-P. **27** _____
- 28 Add Lines 26 and 27. Enter your **EDGE Tax Credit** here and enter each owner's share on Schedule K-1-P, Line 52e. **28** _____

■ 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 |
|------|-----------|----------|-----------------|----------------------|------------------------|------------------------|-------------------|--------------------------|--|
| 29 a | _____ | _____ | ____/____ | _____ | _____ | \$1,500 | _____ | _____ | a _____ |
| b | _____ | _____ | ____/____ | _____ | _____ | \$1,500 | _____ | _____ | b _____ |
| c | _____ | _____ | ____/____ | _____ | _____ | \$1,500 | _____ | _____ | c _____ |
- 30 Enter any distributive share of Ex-Felons Jobs Credit from partnerships and S corporations.
Attach Schedule(s) K-1-P. **30** _____
 - 31 Add Column I, Lines 29a through 29c and Line 30. Enter your **Ex-Felons Jobs Credit** here and enter each owner's share on Schedule K-1-P, Line 52f. **31** _____

■ Veterans Jobs Credit See specific instructions before completing.

Note If your tax year ends after December 31, 2016, do not complete Lines 32a through 32c. See the instructions for more information.

- | | 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 |
|------|-----------|----------|----------------------|---------------------------|------------------------|--|
| 32 a | _____ | _____ | _____ | _____ | \$5,000 | a _____ |
| b | _____ | _____ | _____ | _____ | \$5,000 | b _____ |
| c | _____ | _____ | _____ | _____ | \$5,000 | c _____ |
- 33 Enter any distributive share of Veterans Jobs Credit from partnerships and S corporations.
Attach Schedule(s) K-1-P. **33** _____
 - 34 Add Column F, Lines 32a through 32c and Line 33. Enter your **Veterans Jobs Credit** here, and enter each owner's share on Schedule K-1-P, Line 52g. **34** _____

■ 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 |
|------|-----------|----------|------------------------------------|---------------------------|------------------------|--|
| 35 a | _____ | _____ | _____ | _____ | \$500 | a _____ |
| b | _____ | _____ | _____ | _____ | \$500 | b _____ |
| c | _____ | _____ | _____ | _____ | \$500 | c _____ |
- 36 Enter any distributive share of Student-Assistance Contribution Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P. **36** _____
 - 37 Add Column F, Lines 35a through 35c and Line 36. Enter your **Student-Assistance Contribution Credit** here and enter each owner's share on Schedule K-1-P, Line 52h. **37** _____



■ **Angel Investment Credit**

- 38 Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. **Attach** DCEO certificate. 38 _____
- 39 Enter any distributive share of Angel Investment Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P. 39 _____
- 40 Add Lines 38 and 39. Enter your **Angel Investment Credit** here **and** enter each owner's share on Schedule K-1-P, Line 52i. 40 _____

■ **New Markets Credit**

- 41 Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. **Attach** DCEO certificate. 41 _____
- 42 Enter any distributive share of New Markets Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P. 42 _____
- 43 Add Lines 41 and 42. Enter your **New Markets Credit** here **and** enter each owner's share on Schedule K-1-P, Line 52j. 43 _____

■ **River Edge Historic Preservation Credit**

- 44 Enter the amount of available credit from the Tax Credit Certificate you received from the DCEO. **Attach** DCEO certificate. 44 _____
- 45 Enter any distributive share of River Edge Historic Preservation Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P. 45 _____
- 46 Add Lines 44 and 45. Enter your **River Edge Historic Preservation Credit** here **and** enter each owner's share on Schedule K-1-P, Line 52k. 46 _____

■ **Live Theater Production Tax Credit**

- 47 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. 47 _____
- 48 Enter any distributive share of Live Theater Production Tax Credit from partnerships and S corporations. **Attach** Schedule(s) K-1-P. 48 _____
- 49 Add Lines 47 and 48. Enter your **Live Theater Production Tax Credit** here **and** enter each owner's share on Schedule K-1-P, Line 52l. 49 _____

■ **Hospital Credit**

- Note** → If your tax year **begins** on or after June 14, 2017,
- enter zero on Lines 50 through 54, and
 - include on Line 55 only the portion which was distributed to you on Schedule K-1-P. Do not include any amount sold or donated to you.
- See the instructions for more information.
- 50 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. 50 _____
 - 51 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. 51 _____
 - 52 Enter the lesser of Line 50 or Line 51. This is your Hospital Credit before transfers. 52 _____
 - 53 Enter any amount of the credit on Line 52 you have transferred or intend to transfer. **Attach** a written notice of the transfer. See instructions. 53 _____
 - 54 Subtract Line 53 from Line 52. This amount cannot be less than zero. 54 _____
 - 55 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. 55 _____
 - 56 Add Lines 54 and 55. Enter your **Hospital Credit** here **and** enter each owner's share on Schedule K-1-P, Line 52m. 56 _____

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.

