

Year ending

Month Year IL Attachment No. 18

Enter your name as shown on your return.

IL-1120-ST, IL-1041, or IL-990-T.

Illinois Department of Revenue IL-477 Attach to Form IL-1120, IL-1065, Replacement Tax Investment Credits

Enter your federal employer identification number (FEIN).

## Step 1: Figure your Replacement Tax Investment Credit for qualified property placed A B C D E Business F G H

	Description of qualified property	Date placed in service Month Year	Useful life	New or used*	Business activity (see inst.)	Location of use (city or county)	Basis		Column G x .5% (.005)	
1	a	/			· · · ·			1a		
	b							1b		
	с							1c		
	* If the property is used, e	enter the abbrevia	tion of the s	state in w	hich the pro	operty was previously used.				
2	Enter the total of each C					2				
3	If your business is new to									
	the box in Step 2. If your business is not new to Illinois, complete Step 2 to see if you qualify									
		or an additional credit based on increases in employment.								
4			ent tax inv	estmen	t credit from	m partnerships and S corp	orations.			
_		<b>Attach</b> Schedule(s) K-1-P. Add Line 2, Column H, and Lines 3 and 4. This is your total replacement tax investment credit from this ye								
-								5		
0	<ul> <li>6 Partnerships or S corporations only. Multiply Line 5 by the percentage of total ownership in the partnership or S corporation attributable to partners or shareholders subject to replacement tax. See instructions.</li> <li>6</li> </ul>									
7		ions.	07							
-	Subtract Line 6 from Line							(		
8								ð		
9		•			allable to us	se this year.		19		
10	, , , , , , , , , , , , , , , , , , , ,									
11	····· <b>,</b> ····· ··· ··· ··· ·· ·· ··· ·· ··· ··							11		
	Subtract Line 11 from Li				•			12		
13	Enter the lesser of Line					istructions.		4.0		
	This is your replacement				-			13		
14	Subtract Line 13 from Li									
	This is the amount of exe	cess credit avai	lable to be	e carried	I torward fi	ve years.		14		
Step 2: Figure your base employment calculation worksheet										
Note: If your business is new to Illinois, check this box.										

	automatically qualify for the additional plete Lines 15 through 22. See instruc		Month	<b>A</b> Current year		<b>B</b> Preceding year			
15	Enter as your "base employment" the	number of covered workers	1st	-					
	from Line 1 of Illinois Department of E		2nd						
	UI-3/40, Employer's Contribution and		3rd						
	Make entries only for those months th		4th						
	,		5th						
			6th						
			7th						
			8th						
			9th						
			10th						
			11th						
			12th						
16	Enter the total of each column.		16	j					
17	Enter the number of months in your ta	xable year for each column. See	instructions. 17						
18	For each column, divide the amount								
	Round the result to six decimal places		18	}					
19	Subtract Line 18, Column B, from Line	e 18, Column A and enter the r	esult here.						
	If the amount is <b>positive</b> , continue to								
	If the amount is zero or negative, sto	phere, enter "0" on Line 3,							
	and continue to Line 4. You do not qua	alify for the additional credit.			19 _				
20	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 he								
	on Line 3. If this amount is less than .0	20 _							
21	Multiply Line 20 by 50% (.50). Round	to six decimal places and enter	here.		21 _				
22	Multiply Line 2, Column G, by Line 21	, and enter the result here and	on Line 3.		22				
IL-47	7 (R-12/16)	This form is authorized as outlined by the Illi information is REQUIRED. Failure to provide							