

## APPRENTICESHIP EDUCATIONAL EXPENSES <u>TAX CREDIT APPLICATION</u>

PAR	RT A: LEGAL APPLICANT					
	ME OF APPLICANT: /A (if applicable)					
ADI	DRESS(ES):			FEIN	IBT	
		1		T		
CON	MPANY CONTACT PERSON:	TITLE:	TITLE:		PHONE NUMBER:	
ADI	DRESS:		EMAIL:		EMAIL:	
Yes No  NOTE: An underserved area may be found by visiting the DCEO website.  2. North American Industry Classification System (NAICS) code (please identify for each applicant if multiple entities are applying):						
PAR	TRT B: APPRENTICESHIP PROGRAM	(ATTACH SUPPO	ORTING	G DOCUMI	ENTATION)	
	Is the apprenticeship program registered v		tes Depar		,	
2.	Please provide supporting documentation of the registration with the United States Department of Labor, Office of Apprenticeship.					
should	To register a program with the United States of Contact the Office of Apprenticeship Estens-Risinger. D@dol.gov.				s	



## PART C: APPRENTICE INFORMATION (ATTACH SPREADSHEET AND SUPPORTING DOCUMENTATION)

	DOCUMENTATION)
1.	Number of qualifying apprentices for which a tax credit is being sought:  NOTE: A qualifying apprentice must be: (a) an Illinois resident; (b) at least 16 at the close of the school year for which a credit is sought; (c) a full-time apprentice enrolled in an apprenticeship program registered with U.S. Department of Labor (USDOL), Office of Apprenticeship during the school year; and (d) employed by the taxpayer in Illinois.
2.	Total educational expenses incurred on behalf of qualifying apprentices: \$
3.	Amount of tax credits sought for qualified educational expenses incurred: \$
	NOTE: Qualified educational expenses may not exceed \$3,500 for tuition, book fees, and lab fees (excludes fees, i.e., student activity fee, technology fee, infrastructure fee and other additional fees) at the school or community college in which the apprentice is enrolled during the regular school year. An employer may receive an additional credit of up to \$1,500 for each apprentice if (1) the apprentice resides in an underserved area or (2) the employer's principal place of business is located in an underserved area.
su scl red un	ease include the supporting spreadsheet with a break down on a per apprentice basis, including pporting documentation of (a) expenses incurred (e.g., invoices, cancelled checks, etc.) and (b) that the nool is (i) an institution of higher education providing a program that leads to an industry-cognized post-secondary credential or degree; (ii) an entity that carrying out programs registered der the federal National Apprenticeship Act; or (iii) another public or private provider of a ogram of training services, which may include a joint labor-management organization.

**PART D: FORM ITR-1** 

Complete and submit Form ITR-1 to IDOR: <a href="https://www2.illinois.gov/rev/forms/misc/Documents/clearance/itr-1.pdf">https://www2.illinois.gov/rev/forms/misc/Documents/clearance/itr-1.pdf</a>

Please fill out line 13 of Form ITR-1 with our contact information. This form is required. We cannot begin processing your application until receipt of the completed form from IDOR.



## PART E: COMPANY TAX CERTIFICATION AND INFORMATION SHARING

The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company also certifies that no tax liens, including but not limited to municipal, county, state or federal liens, have been filed against the company, the majority shareholders of the company, or in the name of related business owned by the applicant.

This document authorizes the Illinois Department of Revenue to share specific tax data related to requests made by the Department of Commerce and Economic Opportunity for purposes of awarding business incentives.

The company certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief. The company certifies that the individual below is duly authorized to sign on its behalf.

authorized to sign on its behalf.	
SIGNATURE:	
PRINTED/TYPED NAME AND TITLE OF EXECUTIVE	
NAME OF COMPANY	DATE:
PART F. CERTIFICATION	
and correct. I agree to provide representatives of th	ef, data and other information in this application are true the Department of Commerce and Economic Opportunity other data required to verify the information contained
result in bankruptcy or closure. In the event that th	is not aware of a condition or occurrence which would e employment criteria is not fulfilled for the duration of g DCEO immediately, in which case eligibility for the
SIGNATURE:	
PRINTED/TYPED NAME AND TITLE OF EXECUTIVE	
NAME OF COMPANY	



**PART G: SUBMISSION** 

1. PLEASE SUBMIT ONLY ONE COPY OF THE APPLICATION, including all attachments to DCEO for review. APPLICATIONS MAY BE SUBMITTED BY EMAIL:

EMAIL: CEO.ApprenticeshipCredit@illinois.gov

Sharon Polk, Economic Development Representative Apprenticeship Tax Credit Program Department of Commerce and Economic Opportunity

- 2. The format of this application may be reproduced and completed in expanded form with supplemental attachments provided the final application is submitted with original signatures. All pages must be numbered in sequence and attachments labeled.
- 3. NOTE: DCEO is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under P.A. 101-31. Disclosure of this information is voluntary; however, failure to comply may result in this application not being processed.