Illinois
Department of Commerce
& Economic Opportunity
Bruce Rauner, Governor

Illinois New Markets Development Program Annual Report Form

Directions: All program participants must complete this annual report and is due on the date of the Qualified Equity Investment (QEI). Please attach additional sheets if necessary.

All reports should be e-mailed to ceo.newmarkets@illinois.gov.

Part 1: Cover Page

Contact Name	
Title	
Phone Number	
Email	

Community Development Entity (CDE) Information	
CDE Name	
CDE Address	
CDE Federal EIN #	

Sub-CDE Information	
Sub-CDE Name	
Sub-CDE Federal EIN #	

Sub-CDE Information (if applicable for additional project)	
Sub-CDE Name	
Sub-CDE Federal EIN #	

Sub-CDE Information (if applicable for additional project)	
Sub-CDE Name	
Sub-CDE Federal EIN #	

Reporting Year	
Total Allocation	
Initial Credit Allowance Date (the date the first QEI was made)	
Total Credit Available for the Reporting Year	

Has the CDE been the subject of any investigation by a government agency relating to tax credits or financial services within the past year? If yes, please provide explanation.

Have any of the QEI funded under this allocation been redeemed? If yes, please explain.

Part 2: Qualified Active Low Income Community Business ("QALICB") (complete for each project)

Name of Project	
Name of QALICB	
Address of QALICB	
Federal EIN # of QALICB	
$ QEI Designated for Project	
$ Qualified Low-Income Community Investment	

IL New Markets Tax Credit Claimant(s) for the current reporting year:

Claimant Name	Federal EIN #	Investment	Credits to be Allocated

Description of project (include project status):

Description of project benefits to low-income community (include an estimated number of jobs created as of the date of this report and a description of how that number is calculated):

Total project cost, including a description of total financing, credit programs and grants:

Part 2: Qualified Active Low Income Community Business ("QALICB") (complete for each project)

Name of Project	
Name of QALICB	
Address of QALICB	
Federal EIN # of QALICB	
$ QEI Designated for Project	
$ Qualified Low-Income Community Investment	

IL New Markets Tax Credit Claimant(s) for the current reporting year:

Claimant Name	Federal EIN #	Investment	Credits to be Allocated

Description of project (include project status):

Description of project benefits to low-income community (include an estimated number of jobs created as of the date of this report and a description of how that number is calculated):

Total project cost, including a description of total financing, credit programs and grants:

Part 2: Qualified Active Low Income Community Business ("QALICB") (complete for each project)

Name of Project	
Name of QALICB	
Address of QALICB	
Federal EIN # of QALICB	
$ QEI Designated for Project	
$ Qualified Low-Income Community Investment	

IL New Markets Tax Credit Claimant(s) for the current reporting year:

Claimant Name	Federal EIN #	Investment	Credits to be Allocated

Description of project (include project status):

Description of project benefits to low-income community (include an estimated number of jobs created as of the date of this report and a description of how that number is calculated):

Total project cost, including a description of total financing, credit programs and grants:

Certification – The undersigned hereby certifies that the information provided herein is true, accurate, and complete in all material respects. The undersigned further certifies that I am authorized to sign this report on behalf of the Community Development Entity submitting this report. I acknowledge that the Department of Commerce and Economic Opportunity is entitled to access to material, documentation and other data necessary to verify compliance with the New Markets Development program requirements.

Name: _____

Title: _____

Signature: _____ **Date:** _____