



**APPRENTICESHIP EDUCATIONAL EXPENSES
TAX CREDIT APPLICATION**

PART A: LEGAL APPLICANT

NAME OF APPLICANT: D/B/A (if applicable)	
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ADDRESS(ES):	FEIN	IBT

COMPANY CONTACT PERSON:	TITLE:	PHONE NUMBER:
ADDRESS:	EMAIL:	

NOTE: Please include Certificate of Good Standing for each Legal Applicant identified in Part A (or other proof of authority to transact business in the State).

- Is the applicant’s principal place of business located in an underserved area?
 Yes ___ No ___

NOTE: An underserved area may be found by visiting the DCEO [website](#).

- North American Industry Classification System (NAICS) code (please identify for each applicant if multiple entities are applying):

PART B: APPRENTICESHIP PROGRAM (ATTACH SUPPORTING DOCUMENTATION)

- Is the apprenticeship program registered with the United States Department of Labor, Office of Apprenticeship?
 Yes ___ No ___
- Please provide supporting documentation of the registration with the United States Department of Labor, Office of Apprenticeship.

NOTE: To register a program with the United States Department of Labor, companies should contact the Office of Apprenticeship State Director Kim Jones at jones.kimberly@dol.gov.



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PART C: APPRENTICE INFORMATION (ATTACH SPREADSHEET AND SUPPORTING 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 qualified 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 at the school or community college in which the apprentice is enrolled during the regular school year.

Please include the supporting spreadsheet with a break down on a per apprentice basis, including supporting documentation of (a) expenses incurred (e.g., invoices, cancelled checks, etc.) and (b) that the school is (i) an institution of higher education providing a program that leads to an industry-recognized post-secondary credential or degree; (ii) an entity that carrying out programs registered under the federal National Apprenticeship Act; or (iii) another public or private provider of a program of training services, which may include a joint labor-management organization.

PART D: FORM ITR-1

Complete and submit Form ITR-1 to IDOR:

<https://www2.illinois.gov/rev/forms/misc/Documents/clearance/itr-1.pdf>

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.**



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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.

SIGNATURE: _____

PRINTED/TYPED NAME
AND TITLE OF EXECUTIVE _____

NAME OF COMPANY _____ DATE: _____

PART F. CERTIFICATION

I certify that to the best of my knowledge and belief, data and other information in this application are true and correct. I agree to provide representatives of the Department of Commerce and Economic Opportunity access to any and all material, documentation, and other data required to verify the information contained in this application.

I certify and provide assurance that the applicant is not aware of a condition or occurrence which would result in bankruptcy or closure. In the event that the employment criteria is not fulfilled for the duration of the exemption, I accept responsibility for notifying DCEO immediately, in which case eligibility for the exemption is terminated.

SIGNATURE: _____

PRINTED/TYPED NAME
AND TITLE OF EXECUTIVE _____

NAME OF COMPANY _____ DATE: _____



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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

Justin Heather, Deputy Director

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.

(Revised 10/29/20)