



THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES
ILLINOIS HISTORIC PRESERVATION TAX-CREDIT PROGRAM

Rev. 1/21

CERTIFICATION OF QUALIFIED REHABILITATION EXPENDITURES

FEDERAL PROJECT NUMBER _____ DATE OF NPS CERTIFICATION OF PART 3 _____

1. Name of property _____
Street _____
City _____ County _____ Zip _____

2. Owner
I hereby attest that all information contained in this application, including the documentation, is true to the best of my knowledge and belief. I am granting the State of Illinois access to material, documentation and other data required to verify application information.
Name _____ Signature _____ Date _____
Organization _____ FEIN or SSN _____
Street _____ City _____
State _____ Zip _____ Phone _____ Email _____

3. Expenditures
Total of qualified rehabilitation expenditures (QRE) \$ _____
Total of QRE incurred between 1/1/2019—12/31/2023 \$ _____
Total of non-qualified rehabilitation expenditures (non-QRE) \$ _____
Total expenditures incurred (QRE plus non-QRE) \$ _____
Qualified expenditure period: Start date _____ End date _____

4. Adjusted basis on the first day the qualified rehab plan commenced \$ _____
5. Project completion/placed in service date \$ _____

6. Certification of costs
I hereby certify the above expenses for the total project, the qualified rehabilitation expenditures (QREs), and the non-qualified rehabilitation expenditures, and that the total of QREs incurred between January 1, 2019 and December 31, 2023 exceeds the adjusted basis value of the historic structure on the first day the qualified rehabilitation plan commenced. This is a third-party certification conducted by a CPA, and appropriate examination was carried out. My examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, include examining, on a test basis, evidence supporting the calculation of QREs and performing such other procedures as I considered necessary in the circumstances. I believe that my examination provides a reasonable basis for the opinions expressed herein. In my professional opinion, the project's total QREs were calculated using the accrual method of accounting and determined in accordance with Section 47 of the Internal Revenue Code of 1986, as amended. I attest that my CPA license/certificate number is active and that there have been no enforcement, non-compliance or disciplinary actions taken against me by any relevant state licensure boards. I attest that the above information is true to the best of my knowledge and belief.

Name of CPA _____ Signature _____ Date _____
Firm _____ CPA License # _____
Street _____ City _____
State _____ Zip _____ Phone _____ Email _____

IDNR office use only

Part 3 approved by NPS? Y/N Date _____
Allocation amount(s) _____ Date(s) _____
_____ QREs and _____ credits eligible for issuance
Issuance fee to be requested \$ _____
Date fee requested _____
Date fee collected _____