

**ATTACHMENT**  
**EXHIBIT D**

**ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY**

**REPORT OF JOB CREATION/RETENTION AND**  
**CAPITAL IMPROVEMENTS EXPENDITURES**

Name of Business \_\_\_\_\_  
Project Address \_\_\_\_\_  
Tax Year End Date \_\_\_\_\_

Exhibit D Preparer Contact Information:

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Job-Creation/Retention**

According to our Tax Credit Agreement dated \_\_\_\_\_, \_\_\_\_\_ jobs were to be created over the 120% of the average wage in the county, \_\_\_\_\_ jobs were to be retained and \$ \_\_\_\_\_ of Capital Improvements were to be made by the following date: \_\_\_\_\_. (All capitalized terms herein shall have the same meanings as set forth in the Tax Credit Agreement.) Please complete the following with respect to the Project:

- The number of New Employees hired for the Project as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.
- The number of Retained Employees retained for the Project as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.
- The amount of Training Costs as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.
- The amount of Capital Improvements made for the Project as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.
- The amount of Total Project costs as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.
- The amount of the Payroll for the Project as of the last day of the Taxable Year for which the Company is hereby seeking the Credit.

**Project Baseline/Statewide Baseline**

- According to our Tax Credit Agreement dated \_\_\_\_\_, \_\_\_\_\_ jobs were to be maintained at the Project.
- According to our Tax Credit Agreement dated \_\_\_\_\_, \_\_\_\_\_ jobs were to be maintained among all Related Member locations in Illinois.

(All capitalized terms herein shall have the same meanings as set forth in the Tax Credit Agreement.)

If your company has not met the above requirements, please attach a written explanation as to why, what steps you are taking to correct this, and a target date as to when these requirements will be met.

Thank you in advance for your prompt attention to this matter and remember to keep a copy for your records.

As of the date this report is submitted to the Department, the Company remains in compliance with all terms of the Agreement, and to the best of my knowledge and belief, the information and statements set forth above are true and correct.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date Signed

Name \_\_\_\_\_ Title \_\_\_\_\_

***IMPORTANT! You must submit a Vendor Diversity and Sexual Harassment Policy report by April 15. Failure to do so disqualifies your company from claiming credits for that year.***