

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, _____ 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 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 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 Sexual Harassment Policy report by April 15. Failure to do so disqualifies your company from claiming credits for the that year.