

**Zero Income Affidavit**

The Department requires the Licensee and each individual with invested interest in the business to submit Illinois/state tax returns for each of the past three years. If the Licensee or individual with invested interest was not legally required to file Illinois tax returns (or any other state tax returns) in any or all of the three years prior to the application, a signed and notarized affidavit for each such person must be submitted.

**Affidavit Form:**

I, Click or tap here to enter text. [name], was not legally required to file an Illinois Income Tax return for one or more years for the reason(s) specified below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason** | **2021** | **2022** | **2023** | **2024** |
| Gross income below filing requirement |[ ] [ ] [ ] [ ]
| Nonresident with income below filing requirement |[ ] [ ] [ ] [ ]
| Other (specify): Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Other (specify): Click or tap here to enter text. |[ ] [ ] [ ] [ ]

I acknowledge that the Department of Commerce and Economic Opportunity will rely upon this affidavit for the purpose of determining the Business Applicant’s eligibility for financial assistance, and that if any information contained herein contains a material misstatement, then the Business Applicant may be denied participation in the program or any financial assistance voided. I declare under penalty of perjury that the above statements are true and correct.

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Printed Name |  | Title |
|  |  |  |
| Signature of Affiant |  | Date |

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 ss )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_ )

This affidavit was acknowledged before me on this \_\_\_\_\_[day] of \_\_\_\_\_\_\_\_\_\_\_[month], 2024, by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of affiant].

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Notary Stamp |  | Signature of Notary |