

Greatways Tax Service Inc
1001 E Chicago Ave, Ste 151
Naperville, IL 60540
Phone: (630) 663-1500
Fax: (630) 388-5663
tax@greatwaysinc.com

March 6, 2024

RNIT Inc.
143 Chapin Way
Oswego, IL 60543

Dear Sir,

I have prepared your 2023 Form 1120S based on the information you provided. Please review the enclosed copy for RNIT Inc., then sign the IRS e-file Signature Authorization Form 8879-C and return it to me. When I receive the signed authorization, I will e-file your return.

RNIT Inc.'s 2023 federal taxes have been paid in full.

^{DS}
RZ

I have also prepared the 2023 Illinois 1120-ST tax return based on the information you provided. The 2023 return for RNIT Inc. will be e-filed and a copy is enclosed for RNIT Inc.'s records and review.

As requested, the Illinois 1120-ST tax balance due, in the amount of \$409, will be withdrawn from your checking account.

^{DS}
RZ

If you have any questions about the return(s) or about RNIT Inc.'s tax situation during the year, please do not hesitate to call me at (630) 663-1500. I appreciate this opportunity to serve you.

Sincerely,

Pramod Zacharias
Greatways Tax Service Inc

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.



Greatways Tax Service Inc
1001 E Chicago Ave, Ste 151
Naperville, IL 60540
(630) 663-1500



Invoice for 2023 Tax Year

RNIT Inc.
143 Chapin Way
Oswego, IL 60543

Invoice Date: March 06, 2024

Invoice Number: PZ

Statement of Charges

| | |
|--|---------|
| Tax return preparation fee (Federal and One State) | 500.00 |
| Full Year Payroll Client Credit | -500.00 |

TOTAL 0.00

One-Time Electronic Debit Authorization

I understand that Greatbooks Inc, Greatways Inc, and Small Business Accounting LLC are all affiliated with Greatways Tax Service Inc. I hereby authorize any of these entities to initiate a one-time electronic debit of the specified amount from my bank account used for filing/preparing my 2023 tax return. This authorization is valid only for the single transaction mentioned above.

DocuSigned by:

RAMU KETHA

DF82651354E34A0...

3/7/2024

Form **8879-CORP**

E-file Authorization for Corporations

(December 2022)

For calendar year 20 23, or tax year beginning _____, 20____, ending _____, 20____

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.

| | |
|----------------------------------|--|
| Name of corporation RNIT Inc. | Employer identification number 85-1469092 |
|----------------------------------|--|

Part I Information (Whole dollars only)

| | | |
|---|---|---------|
| 1 Total income (Form 1120, line 11) | 1 | 0 |
| 2 Total income (Form 1120-F, Section II, line 11) | 2 | 0 |
| 3 Total income (loss) (Form 1120-S, line 6) | 3 | 134,825 |

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Greatways Tax Service Inc to enter my PIN 60540 as my signature
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

DocuSigned by:

 Officer's signature RAMU KETHA Date 3/7/2024 Title President
DF82851354E34A0...

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 15420960540
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Pramod Zacharias Date 3/6/2024

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **1120-S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

2023

Go to www.irs.gov/Form1120S for instructions and the latest information.

For calendar year 2023 or tax year beginning _____, ending _____

| | | | |
|---|--|--|---|
| A S election effective date 6/16/2020 | TYPE OR PRINT | Name RNIT Inc. | D Employer identification number 85-1469092 |
| B Business activity code number (see instructions) 541990 | | Number, street, and room or suite no. If a P.O. box, see instructions. 143 Chapin Way | E Date incorporated 6/16/2020 |
| C Check if Sch. M-3 attached <input type="checkbox"/> | | City or town Oswego | State IL |
| | | ZIP code 60543 | |
| | | Foreign country name Foreign province/state/county Foreign postal code | |

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year _____ 1

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

| | 1a | 1b | 1c |
|--|---|-----------------------------|-----------------|
| Income | Gross receipts or sales 148,575 | Less returns and allowances | Balance 148,575 |
| 2 | Cost of goods sold (attach Form 1125-A) | | 13,750 |
| 3 | Gross profit. Subtract line 2 from line 1c | | 134,825 |
| 4 | Net gain (loss) from Form 4797, line 17 (attach Form 4797) | | |
| 5 | Other income (loss) (see instructions—attach statement) | | |
| 6 | Total income (loss). Add lines 3 through 5 | | 134,825 |
| Deductions (see instructions for limitations) | | | |
| 7 | Compensation of officers (see instructions — attach Form 1125-E) | | 70,200 |
| 8 | Salaries and wages (less employment credits) | | 13,750 |
| 9 | Repairs and maintenance | | |
| 10 | Bad debts | | |
| 11 | Rents | | |
| 12 | Taxes and licenses | | 8,736 |
| 13 | Interest (see instructions) | | |
| 14 | Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | |
| 15 | Depletion (Do not deduct oil and gas depletion.) | | |
| 16 | Advertising | | |
| 17 | Pension, profit-sharing, etc., plans | | |
| 18 | Employee benefit programs | | |
| 19 | Energy efficient commercial buildings deduction (attach Form 7205) | | |
| 20 | Other deductions (attach statement) | | 14,895 |
| 21 | Total deductions. Add lines 7 through 20 | | 107,581 |
| 22 | Ordinary business income (loss). Subtract line 21 from line 6 | | 27,244 |
| Tax and Payments | | | |
| 23a | Excess net passive income or LIFO recapture tax (see instructions) | 23a | |
| b | Tax from Schedule D (Form 1120-S) | 23b | |
| c | Add lines 23a and 23b (see instructions for additional taxes) | 23c | 0 |
| 24a | Current year's estimated tax payments and preceding year's overpayment credited to the current year | 24a | |
| b | Tax deposited with Form 7004 | 24b | |
| c | Credit for federal tax paid on fuels (attach Form 4136) | 24c | |
| d | Elective payment election amount from Form 3800 | 24d | |
| z | Add lines 24a through 24d | 24z | 0 |
| 25 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 25 | |
| 26 | Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed | 26 | 0 |
| 27 | Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid | 27 | 0 |
| 28 | Enter amount from line 27: Credited to 2024 estimated tax Refunded | 28 | 0 |

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration by preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: RAMO ZACHARIAS Date: 2/27/2024 Title: President

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

| | | | | |
|--|--|-----------------------------|---|-------------------|
| Print/Type preparer's name Pramod Zacharias | Preparer's signature Pramod Zacharias | Date 3/6/2024 | Check <input type="checkbox"/> if self-employed | PTIN P01241147 |
| Firm's name Greatways Tax Service Inc | Firm's EIN 32-0042875 | Phone no. (630) 663-1500 | | |
| Firm's address 1001 E Chicago Ave, Ste 151 | City Naperville | State IL | ZIP code 60540 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2023)

Schedule B Other Information (see instructions)

1 Check accounting method: a [X] Cash b [] Accrual c [] Other (specify)
2 See the instructions and enter the: a Business activity Consulting b Product or service Service
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation X
4 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

Table with 5 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage of Stock Owned, (v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below X

Table with 5 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Type of Entity, (iv) Country of Organization, (v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? X
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of restricted stock
(ii) Total shares of non-restricted stock
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? X
If "Yes," complete lines (i) and (ii) below.
(i) Total shares of stock outstanding at the end of the tax year
(ii) Total shares of stock outstanding if all instruments were executed
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions X
10 Does the corporation satisfy one or more of the following? See instructions X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.
c The corporation is a tax shelter and the corporation has business interest expense.
If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).
11 Does the corporation satisfy both of the following conditions? X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.
b The corporation's total assets at the end of the tax year were less than \$250,000.
If "Yes," the corporation is not required to complete Schedules L and M-1.

| Schedule B Other Information (see instructions) (continued) | | Yes | No |
|--|---|-----|----|
| 12 | During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____ | | X |
| 13 | During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions | | X |
| 14a | Did the corporation make any payments in 2023 that would require it to file Form(s) 1099? | X | |
| b | If "Yes," did or will the corporation file required Form(s) 1099? | X | |
| 15 | Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____ | | X |
| 16 | At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions | | X |

| Schedule K Shareholders' Pro Rata Share Items | | Total amount | |
|--|--|--------------|--------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 22) | 1 | 27,244 |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach statement) | 3b | |
| | c Other net rental income (loss). Subtract line 3b from line 3a | 3c | 0 |
| | 4 Interest income | 4 | |
| | 5 Dividends: a Ordinary dividends | 5a | |
| | b Qualified dividends | 5b | |
| | 6 Royalties | 6 | |
| | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) | 7 | |
| 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) | 8a | | |
| b Collectibles (28%) gain (loss) | 8b | | |
| c Unrecaptured section 1250 gain (attach statement) | 8c | | |
| 9 Net section 1231 gain (loss) (attach Form 4797) | 9 | | |
| 10 Other income (loss) (see instructions) Type: | 10 | | |
| Deductions | 11 Section 179 deduction (attach Form 4562) | 11 | |
| | 12a Charitable contributions | 12a | |
| | b Investment interest expense | 12b | |
| | c Section 59(e)(2) expenditures Type: _____ | 12c | |
| d Other deductions (see instructions) Type: _____ | 12d | | |
| Credits | 13a Low-income housing credit (section 42(j)(5)) | 13a | |
| | b Low-income housing credit (other) | 13b | |
| | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 13c | |
| | d Other rental real estate credits (see instructions) Type: _____ | 13d | |
| | e Other rental credits (see instructions) Type: _____ | 13e | |
| | f Biofuel producer credit (attach Form 6478) | 13f | |
| | g Other credits (see instructions) Type: _____ | 13g | |
| Inter-national | 14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/> | | |
| Alternative Minimum Tax (AMT) Items | 15a Post-1986 depreciation adjustment | 15a | |
| | b Adjusted gain or loss | 15b | |
| | c Depletion (other than oil and gas) | 15c | |
| | d Oil, gas, and geothermal properties—gross income | 15d | |
| | e Oil, gas, and geothermal properties—deductions | 15e | |
| | f Other AMT items (attach statement) | 15f | |
| Items Affecting Shareholder Basis | 16a Tax-exempt interest income | 16a | |
| | b Other tax-exempt income | 16b | |
| | c Nondeductible expenses | 16c | |
| | d Distributions (attach statement if required) (see instructions) | 16d | 28,298 |
| | e Repayment of loans from shareholders | 16e | |
| | f Foreign taxes paid or accrued | 16f | |

| Schedule K | | Shareholders' Pro Rata Share Items (continued) | Total amount | |
|--------------------------|------------|--|---------------------|--------|
| Other Information | 17a | Investment income | 17a | |
| | b | Investment expenses | 17b | |
| | c | Dividend distributions paid from accumulated earnings and profits | 17c | |
| | d | Other items and amounts (attach statement) | | |
| Reconciliation | 18 | Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f | 18 | 27,244 |

| Schedule L | | Balance Sheets per Books | | Beginning of tax year | | End of tax year | |
|---|---|---------------------------------|-------|-----------------------|-------|-----------------|--|
| Assets | | (a) | (b) | (c) | (d) | | |
| 1 | Cash | | 7,418 | | 2,376 | | |
| 2a | Trade notes and accounts receivable | | | | | | |
| b | Less allowance for bad debts | | 0 | | 0 | | |
| 3 | Inventories | | | | | | |
| 4 | U.S. government obligations | | | | | | |
| 5 | Tax-exempt securities (see instructions) | | | | | | |
| 6 | Other current assets (attach statement) | | | | | | |
| 7 | Loans to shareholders | | | | | | |
| 8 | Mortgage and real estate loans | | | | | | |
| 9 | Other investments (attach statement) | | | | | | |
| 10a | Buildings and other depreciable assets | | | | | | |
| b | Less accumulated depreciation | | 0 | | 0 | | |
| 11a | Depletable assets | | | | | | |
| b | Less accumulated depletion | | 0 | | 0 | | |
| 12 | Land (net of any amortization) | | | | | | |
| 13a | Intangible assets (amortizable only) | | | | | | |
| b | Less accumulated amortization | | 0 | | 0 | | |
| 14 | Other assets (attach statement) | | | | | | |
| 15 | Total assets | | 7,418 | | 2,376 | | |
| Liabilities and Shareholders' Equity | | | | | | | |
| 16 | Accounts payable | | | | | | |
| 17 | Mortgages, notes, bonds payable in less than 1 year | | | | | | |
| 18 | Other current liabilities (attach statement) | | 3,988 | | | | |
| 19 | Loans from shareholders | | | | | | |
| 20 | Mortgages, notes, bonds payable in 1 year or more | | | | | | |
| 21 | Other liabilities (attach statement) | | | | | | |
| 22 | Capital stock | | 100 | | 100 | | |
| 23 | Additional paid-in capital | | | | | | |
| 24 | Retained earnings | | 3,330 | | 2,276 | | |
| 25 | Adjustments to shareholders' equity (attach statement) | | | | | | |
| 26 | Less cost of treasury stock | | | | | | |
| 27 | Total liabilities and shareholders' equity | | 7,418 | | 2,376 | | |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

| | | | | | |
|----------|--|--------|----------|--|--------|
| 1 | Net income (loss) per books | 27,244 | 5 | Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): | |
| 2 | Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) ----- | | a | Tax-exempt interest \$ ----- | 0 |
| 3 | Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize): | | 6 | Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize): | |
| a | Depreciation \$ ----- | | a | Depreciation \$ ----- | 0 |
| b | Travel and entertainment \$ ----- | 0 | 7 | Add lines 5 and 6 | 0 |
| 4 | Add lines 1 through 3 | 27,244 | 8 | Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 | 27,244 |

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

| | (a) Accumulated adjustments account | (b) Shareholders' undistributed taxable income previously taxed | (c) Accumulated earnings and profits | (d) Other adjustments account |
|--|-------------------------------------|---|--------------------------------------|-------------------------------|
| 1 Balance at beginning of tax year | 3,330 | | | |
| 2 Ordinary income from page 1, line 22 | 27,244 | | | |
| 3 Other additions | | | | |
| 4 Loss from page 1, line 22 | | | | |
| 5 Other reductions | | | | |
| 6 Combine lines 1 through 5 | 30,574 | 0 | 0 | 0 |
| 7 Distributions | 28,298 | | | |
| 8 Balance at end of tax year. Subtract line 7 from line 6 | 2,276 | 0 | 0 | 0 |

Final K-1

Amended K-1

**Schedule K-1
(Form 1120-S)**

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
85-1469092

B Corporation's name, address, city, state, and ZIP code

RNIT Inc.
143 Chapin Way
Oswego, IL 60543

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 100
End of tax year 100

Part II Information About the Shareholder

E Shareholder's identifying number Shareholder: 1
607-17-9776

F Shareholder's name, address, city, state, and ZIP code

Ramu Ketha
143 Chapin Way
Oswego, IL 60543

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 100
End of tax year 100

I Loans from shareholder
Beginning of tax year \$
End of tax year \$

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

| | | | |
|----|--|----|--|
| 1 | Ordinary business income (loss) | 13 | Credits |
| | 27,244 | | |
| 2 | Net rental real estate income (loss) | | |
| 3 | Other net rental income (loss) | | |
| 4 | Interest income | | |
| 5a | Ordinary dividends | | |
| 5b | Qualified dividends | 14 | Schedule K-3 is attached if checked <input type="checkbox"/> |
| 6 | Royalties | 15 | Alternative minimum tax (AMT) items |
| 7 | Net short-term capital gain (loss) | | |
| 8a | Net long-term capital gain (loss) | | |
| 8b | Collectibles (28%) gain (loss) | | |
| 8c | Unrecaptured section 1250 gain | | |
| 9 | Net section 1231 gain (loss) | 16 | Items affecting shareholder basis D 28,298 |
| 10 | Other income (loss) | | |
| | | 17 | Other information V* STMT |
| 11 | Section 179 deduction | AC | 124,000 |
| 12 | Other deductions | | |
| 18 | <input type="checkbox"/> More than one activity for at-risk purposes* | | |
| 19 | <input type="checkbox"/> More than one activity for passive activity purposes* | | |

* See attached statement for additional information.

Ramu Ketha

607-17-9776

K-1 Statement (Sch K-1, Form 1120S)

Line 16 - Items affecting shareholder basis

D Code D - Distributions D 28,298

Line 17 - Other Information

AC Code AC - Gross receipts for section 448(c) AC 124,000

Section 199A Information (Code V)

Income Items

Ordinary Income 0 27,244

Additional Information

Section 199A W-2 wages 0 97,700

Form **1125-A**
(Rev. November 2018)

Cost of Goods Sold

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

| | |
|-------------------|--|
| Name RNIT Inc. | Employer identification number 85-1469092 |
|-------------------|--|

| | | | |
|--|----------|--------|--|
| 1 Inventory at beginning of year | 1 | | |
| 2 Purchases | 2 | | |
| 3 Cost of labor | 3 | 13,750 | |
| 4 Additional section 263A costs (attach schedule) | 4 | | |
| 5 Other costs (attach schedule) | 5 | | |
| 6 Total. Add lines 1 through 5 | 6 | 13,750 | |
| 7 Inventory at end of year | 7 | | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions | 8 | 13,750 | |

- 9a** Check all methods used for valuing closing inventory:
- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation.) ▶ _____
- b** Check if there was a writedown of subnormal goods ▶
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶
- d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____
- e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions Yes No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Line 20 (1120S) - Other Deductions

| | | | |
|----|----------------------------------|----|--------|
| 1 | Travel, Meals and Entertainment | | |
| | a Travel | 1a | 1,646 |
| 2 | Automobile and truck expenses | 2 | 1,890 |
| 3 | Bank charges | 3 | 1,437 |
| 4 | Food for company holiday parties | 4 | 1,334 |
| 5 | Insurance | 5 | 1,908 |
| 6 | Postage | 6 | 55 |
| 7 | Supplies | 7 | 944 |
| 8 | Telephone | 8 | 947 |
| 9 | Payroll fee | 9 | 1,820 |
| 10 | Software Expense | 10 | 1,444 |
| 11 | Training Expenses | 11 | 1,445 |
| 12 | Business Gifts | 12 | 25 |
| 13 | Total other deductions | 13 | 14,895 |

Line 16d, Schedule K (1120S) - Distributions

| | | |
|---|-------------------------------|--------|
| 1 | Cash | 28,298 |
| | Total distributions | 28,298 |

Line 17d, Sch K (1120S) - Other Items and Amounts

AC Code AC - Gross receipts for section 448(c) AC 124,000

Section 199A Information

| Income Items | Non-SSTB | SSTB |
|----------------------------------|----------|--------|
| Ordinary Income | 0 | 27,244 |
| Additional Information | | |
| Section 199A W-2 wages | 0 | 97,700 |

Line 18, Sch L (1120S) - Other Current Liabilities

| | | Beginning | End |
|---|---|-----------|-----|
| 1 | Tax Payable | 3,988 | |
| 2 | Total other current liabilities | 3,988 | 0 |

Bank Account Information

Account holder first or Business name
 Middle initial
 Last name
 Bank name
 Routing number
 Account number

Type of account

Account type

Will these funds be coming from/going to an account outside of the United States?

Check ("X") to apply to ALL jurisdictions

OR

Check ("X") to apply to CERTAIN jurisdictions

Federal (Allows 3 separate accounts) *

Illinois

| Bank Account 1 | Bank Account 2 | Bank Account 3 |
|---|---|---|
| RNIT Inc. | | |
| | | |
| Chase Bank | | |
| 071000013 | | |
| 636175868 | | |
| <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Business | <input type="checkbox"/> Personal <input type="checkbox"/> Business | <input type="checkbox"/> Personal <input type="checkbox"/> Business |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> All OR | <input type="checkbox"/> All OR | <input type="checkbox"/> All OR |
| <input checked="" type="checkbox"/> Federal * <input checked="" type="checkbox"/> IL | <input type="checkbox"/> Federal * <input type="checkbox"/> IL | <input type="checkbox"/> Federal * <input type="checkbox"/> IL |

Illinois Department of Revenue
2023 Form IL-1120-ST



Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2023, enter your fiscal tax year here.

Tax year beginning 2020, ending 2020

Enter the amount you are paying.

\$ 409.00

This form is for tax years ending on or after December 31, 2023, and before December 31, 2024.

For all other situations, see instructions to determine the correct form to use.

Step 1: Identify your small business corporation

A Enter your complete legal business name.
If you have a name change, check this box.

Name: RNIT Inc.

B Enter your mailing address.

C/O:

Mailing address: 143 Chapin Way

City: Oswego State: IL ZIP: 60543

C If this is the first or final return, check the applicable box(es).

- First return
Final return (Enter the date of termination.)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN

E Apportionment Formulas. Check the appropriate box or boxes and see the Apportionment Formula instructions.

- Financial organizations
Transportation companies
Federally regulated exchanges
Sales companies

F Check this box if you attached Form IL-4562.

G Check this box if you attached Illinois Schedule M (for businesses).

H Check this box if you attached Schedule 80/20.

I Check this box if you attached Schedule 1299-A.

J Check this box if you attached the Subgroup Schedule.

K Check this box if you are a 52/53 week filer.

L Check this box if you elected to file and pay Pass-through Entity Tax. See instructions.

M If you are paying Pass-through Entity Tax and you annualized your income on Form IL-2220, check this box and attach Form IL-2220.

N Enter your federal employer identification number (FEIN). 85-1469092

O Check this box if you are a member of a unitary business group and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. Attach Schedule UB to this return.

P Enter your North American Industry Classification System (NAICS) Code. See instructions. 541990

Q Enter your Illinois corporate file (charter) number issued by the Secretary of State. 72780191

R Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

Oswego IL 60543

S If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.

T If you have completed the following, check the box and attach the federal form(s) to this return.
Federal Form 8886
Federal Sch. M-3, Part II, Line 10

U If you are making a discharge of indebtedness adjustment on Schedule NLD or Form IL-1120-ST, Line 48, check this box and attach federal Form 982.

V Check this box if your business activity is protected under Public Law 86-272.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

Table with 7 rows showing income/loss items and their amounts, totaling 27,244.00.

Step 3: Figure your unmodified base income or loss

Table with 6 rows showing expense deductions and their amounts, totaling 27,244.00.

Attach your payment and Form IL-1120-ST-V here.

**Step 4: Figure your income or loss**

| | | | |
|----|---|----|-------------------|
| 14 | Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30. | 14 | <u>27,244 .00</u> |
| 15 | State, municipal, and other interest income excluded from Line 14. | 15 | <u>.00</u> |
| 16 | Illinois taxes and surcharge deducted in arriving at Line 14. See instructions. | 16 | <u>0 .00</u> |
| 17 | Illinois Special Depreciation addition. Attach Form IL-4562. | 17 | <u>0 .00</u> |
| 18 | Related-Party Expenses addition. Attach Schedule 80/20. | 18 | <u>0 .00</u> |
| 19 | Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. | 19 | <u>.00</u> |
| 20 | The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B. | 20 | <u>0 .00</u> |
| 21 | Other additions. Attach Illinois Schedule M (for businesses). | 21 | <u>0 .00</u> |
| 22 | Add Lines 14 through 21. This amount is your income or loss. | 22 | <u>27,244 .00</u> |

Step 5: Figure your base income or loss

| | | | |
|----|--|----|-------------------|
| 23 | Interest income from U.S. Treasury or other exempt federal obligations. | 23 | <u>0 .00</u> |
| 24 | Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B. | 24 | <u>0 .00</u> |
| 25 | River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A. | 25 | <u>0 .00</u> |
| 26 | River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A. | 26 | <u>0 .00</u> |
| 27 | High Impact Business Dividend subtraction. Attach Schedule 1299-A. | 27 | <u>0 .00</u> |
| 28 | High Impact Business Interest subtraction. Attach Schedule 1299-A. | 28 | <u>0 .00</u> |
| 29 | Contribution subtraction. Attach Schedule 1299-A. | 29 | <u>0 .00</u> |
| 30 | Illinois Special Depreciation subtraction. Attach Form IL-4562. | 30 | <u>0 .00</u> |
| 31 | Related-Party Expenses subtraction. Attach Schedule 80/20. | 31 | <u>0 .00</u> |
| 32 | Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. | 32 | <u>.00</u> |
| 33 | Other subtractions. Attach Schedule M (for businesses). | 33 | <u>0 .00</u> |
| 34 | Total subtractions. Add Lines 23 through 33. | 34 | <u>0 .00</u> |
| 35 | Base income or loss. Subtract Line 34 from Line 22. | 35 | <u>27,244 .00</u> |

| | |
|---|---|
| | A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/> |
| | Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6. |
| B If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/> | |

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

| | | | |
|----|--|----|-----------------|
| 36 | Nonbusiness income or loss. Attach Schedule NB. | 36 | <u>0 .00</u> |
| 37 | Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 37 | <u>.00</u> |
| 38 | Add Lines 36 and 37. | 38 | <u>0 .00</u> |
| 39 | Business income or loss. Subtract Line 38 from Line 35. | 39 | <u>0 .00</u> |
| 40 | Total sales everywhere. This amount cannot be negative. | 40 | <u>0.00</u> |
| 41 | Total sales inside Illinois. This amount cannot be negative. | 41 | <u>0.00</u> |
| 42 | Apportionment factor. Divide Line 41 by Line 40. Round to six decimal places. | 42 | <u>0.000000</u> |
| 43 | Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42. | 43 | <u>0 .00</u> |
| 44 | Nonbusiness income or loss allocable to Illinois. Attach Schedule NB. | 44 | <u>0 .00</u> |
| 45 | Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 45 | <u>.00</u> |
| 46 | Base income or loss allocable to Illinois. Add Lines 43 through 45. | 46 | <u>0 .00</u> |



Step 7: Figure your net income

Table with 2 columns: Line number and Amount. Rows include Base income (27,244.00), Discharge of indebtedness adjustment (0.00), Adjusted base income (27,244.00), Illinois net loss deduction (0.00), and Net income (27,244.00).

Step 8: Figure the taxes, surcharges, pass-through withholding, and penalty you owe

Table with 2 columns: Line number and Amount. Rows include Replacement tax (409.00), Recapture of investment credits (0.00), Replacement tax before investment credits (409.00), Investment credits (0.00), Net replacement tax (409.00), Compassionate Use of Medical Cannabis Program Act surcharge (0.00), Sale of assets by gaming licensee surcharge (0.00), Pass-through withholding (0.00), Pass-through entity income (0.00), Pass-through entity tax (0.00), Total net replacement tax (409.00), Underpayment of estimated tax penalty (0.00), and Total taxes, surcharges, pass-through withholding, and penalty (409.00).

Step 9: Figure your refund or balance due

Table with 2 columns: Line number and Amount. Rows include Payments (0.00), Total payments made before the date this return is filed (0.00), Total payments (0.00), Overpayment (0.00), and Refund (0.00).

Form for direct deposit of refund, including fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

Table with 2 columns: Line number and Amount. Row 71: Tax Due (409.00).

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signatures and preparer information section. Includes fields for Signature of authorized officer (Pramod Zacharias), Date (02/27/2024), Title (President), Phone ((913) 706-1858), and Preparer information (Pramod Zacharias, Date 03/06/2024, PTIN P01241147, Firm Greatways Tax Service Inc).

If a payment is enclosed, mail your Form IL-1120-ST to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

If a payment is not enclosed, mail your Form IL-1120-ST to: Illinois Department of Revenue, P.O. Box 19032, Springfield, IL 62794-9032

Illinois Department of Revenue



Year ending

2023 Schedule B

| | |
|-------|------|
| 12 | 2023 |
| Month | Year |

Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120-ST.

IL Attachment No. 1

RNIT Inc.

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

85-1469092

Enter your federal employer identification number (FEIN).

Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Illinois Department of Revenue. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- | | | | |
|---|--|---|------|
| 1 | Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. | 1 | 0.00 |
| 2 | Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. | 2 | 0.00 |
| 3 | Add the amounts shown on Schedule B, Section B, Line E for all partners or shareholders on all pages for which you have checked the box indicating the entity is subject to Illinois replacement tax or an ESOP. Enter the total here. See instructions. | 3 | 0.00 |

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- | | | | |
|----|---|----|------|
| 4 | Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Line J for your | | |
| a. | nonresident individual members. See instructions. | 4a | 0.00 |
| b. | nonresident estate members. See instructions. | 4b | 0.00 |
| c. | partnership and S corporation members. See instructions. | 4c | 0.00 |
| d. | nonresident trust members. See instructions. | 4d | 0.00 |
| e. | C corporation members. See instructions. | 4e | 0.00 |
| 5 | Add Line 4a through Line 4e. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Line J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065 (Form IL-1065-X), Line 59, or Form IL-1120-ST (Form IL-1120-ST-X), Line 59. See instructions. | 5 | 0.00 |
| 6 | Enter the total pass-through entity tax credit paid on all pages of Schedule B, Section B, Line K. | 6 | 0.00 |
| 7 | Enter the total pass-through entity tax credit received and distributed on all pages of Schedule B, Section B, Line L. | 7 | 0.00 |

▶ **Attach all pages of Schedule B, Section B behind this page.**

Illinois Department of Revenue
2023 Schedule B



RNIT Inc.

85-1469092

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

| | Member 1 | Member 2 | Member 3 |
|---|--------------------------|--------------------------|--------------------------|
| A Name | Ramu Ketha | | |
| C/O | | | |
| Address 1 | 143 Chapin Way | | |
| Address 2 | | | |
| City | Oswego | | |
| State, ZIP | IL 60543 | | |
| B Partner or Shareholder | I | | |
| C SSN/FEIN | 607-17-9776 | | |
| D Subject to Illinois replacement tax or an ESOP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E Member's distributable amount of base income or loss | 27,244.00 | | |
| F Excluded from pass-through withholding | R | | |
| G Share of Illinois income subject to pass-through withholding | 0.00 | | |
| H Pass-through withholding before credits | 0.00 | | |
| I Distributable share of credits | 0.00 | | |
| J Pass-through withholding amount | 0.00 | | |
| K PTE tax credit paid to members | 0.00 | | |
| L PTE tax credit received and distributed to members | 0.00 | | |

Note →

If you have more members than space provided, attach additional copies of this page as necessary.

Illinois Department of Revenue

Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST.

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.



Year ending 12/2023
Month Year

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

#1

- 1 Check your business type [] partnership [X] S corporation
2 RNIT Inc.
3 85-1469092
4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." 1.000000

Step 2: Identify your partner or shareholder

- 5 Ramu Ketha
6 143 Chapin Way
7 607-17-9776
8 100.000000%

9a Check the appropriate box. See instructions.
9b To be completed by the recipient on Line 5 only.
I am a: [] grantor trust [] disregarded entity
and the amounts on this schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

Table with 3 columns: Line number, Description, Member's share (A), Member's share allocable to Illinois (B). Rows 10-19.

Step 4: Figure your partner's or shareholder's share of your business income or loss

Table with 3 columns: Line number, Description, Member's share (A), Member's share (B). Rows 20-31.

Enter identification number from Line 7.
607-17-9776



#1

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

| | A | B |
|---|---|--|
| | Member's share from Form IL-1065 or IL-1120-ST | Member's share apportioned or allocated to Illinois |
| 32 Federally tax-exempt interest income | 32 0.00 | 0.00 |
| 33 Illinois taxes and surcharge deducted. See instructions. | 33 0.00 | 0.00 |
| 34 Illinois Special Depreciation addition | 34 0.00 | 0.00 |
| 35 Related-Party Expenses addition | 35 0.00 | 0.00 |
| 36 Distributive share of additions | 36 0.00 | 0.00 |
| 37 Other additions (from Illinois Schedule M for businesses) | 37 0.00 | 0.00 |
| Additions | | |
| 38 a Interest from U.S. Treasury obligations (business income) | 38a 0.00 | 0.00 |
| b Interest from U.S. Treasury obligations (nonbusiness income) | 38b 0.00 | 0.00 |
| 39 River Edge Redevelopment Zone Dividend subtraction | 39 0.00 | 0.00 |
| 40 High Impact Business Dividend subtraction | 40 0.00 | 0.00 |
| 41 Contribution subtraction (Form IL-1120-ST filers only) | 41 0.00 | 0.00 |
| 42 River Edge Redevelopment Zone Interest subtraction (Form IL-1120-ST financial organizations only) | 42 0.00 | 0.00 |
| 43 High Impact Business within a Foreign Trade Zone Interest subtraction (Form IL-1120-ST financial organizations only) | 43 0.00 | 0.00 |
| 44 Illinois Special Depreciation subtraction | 44 0.00 | 0.00 |
| 45 Related-Party Expenses subtraction | 45 0.00 | 0.00 |
| 46 Distributive share of subtractions | 46 0.00 | 0.00 |
| 47 Other subtractions (from Illinois Schedule M for businesses) | 47 0.00 | 0.00 |

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

| | A | B |
|---|---|--|
| | Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST) | Member's share apportioned or allocated to Illinois |
| 48 Section 1245 and 1250 gain | 48 0.00 | 0.00 |
| 49 Section 1231 gain | 49 0.00 | 0.00 |
| 50 Section 1231 gain less casualty and theft gain. See instructions. | 50 0.00 | 0.00 |
| 51 Capital gain | 51 0.00 | 0.00 |

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding, pass-through entity tax credit, and federal income subject to surcharge

| | Credit Code | Member's share from Illinois tax return | | Member's share from Illinois tax return |
|---|----------------|---|---|---|
| 52 Illinois Income Tax Credits | | | | |
| a Film Production Services | 5000 | 52a 0.00 | 53 Other credits | |
| b Enterprise Zone Investment | 5080 | 52b 0.00 | a Pass-through Entity (PTE) Tax Credit | |
| c Enterprise Zone Construction Jobs | 5120 | 52c 0.00 | See instructions. | 53a 0.00 |
| d High Impact Business Construction Jobs | 5160 | 52d 0.00 | b Replacement Tax Investment Credits | |
| e Affordable Housing Donations | 5260 | 52e 0.00 | See instructions. | 53b 0.00 |
| f EDGE | 5300 | 52f 0.00 | 54 Recapture | |
| g New Construction EDGE | 5320 | 52g 0.00 | a Enterprise Zone or River Edge Redevelopment Zone | |
| h Research and Development | 5340 | 52h 0.00 | Investment Credit recapture | 54a 0.00 |
| i Wages Paid to Ex-Felons | 5380 | 52i 0.00 | b REV Illinois Investment Credit recapture | 54b 0.00 |
| j Student-Assistance Contribution | 5420 | 52j 0.00 | c Replacement Tax Investment Credit recapture | 54c 0.00 |
| k Angel Investment | 5460 | 52k 0.00 | d Additional income tax credit recapture | 54d 0.00 |
| l New Markets Development | 5500 | 52l 0.00 | 55 Pass-through withholding See instructions. | 55 0.00 |
| m River Edge Historic Preservation | 5540 | 52m 0.00 | 56 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Program Act surcharge. See instructions. | 56 0.00 |
| n River Edge Construction Jobs | 5560 | 52n 0.00 | 57 Federal income attributable to the sale or exchange of assets by a gaming licensee surcharge. See instructions. | 57 0.00 |
| o Live Theater Production | 5580 | 52o 0.00 | | |
| p Hospital | 5620 | 52p 0.00 | | |
| q Invest in Kids | 5660 | 52q 0.00 | | |
| r Data Center Construction Employment | 5820 | 52r 0.00 | | |
| s Apprenticeship Education Expense | 0160 | 52s 0.00 | | |
| t Historic Preservation | 1030 | 52t 0.00 | | |
| u REV Illinois Investment | 5230 | 52u 0.00 | | |
| v Agritourism Liability Insurance | 5440 | 52v 0.00 | | |
| w Recovery and Mental Health | 0180 | 52w 0.00 | | |
| x Other income tax credits | | 52x 0.00 | | |