NORTHWEST ILLINOIS ENTERPRISE ZONE
PROJECT CLOSE OUT FORM

PLEASE WRITE LEGIBLY AND COMPLETE ALL FIELDS.
THE INFORMATION REQUESTED IS REQUIRED BY THE ILLINOIS DEPARTMENT OF REVENUE.

Legal Business Name*: _____

Project Name*: _____

Owner Name (First, Last)*: _____

Owner Email*:_____ Phone Number*:_____

Mailing Address:_____

City/State/Zip: _____

Project Address (if different):_____

City/State/Zip: _____

ACTUAL PROJECT COSTS:

1) Actual Project Completion Date: _____
2) Actual Building Material Cost: $_____
3) Actual Labor Cost: $ _____
4) Actual FTE covered employees at project conclusion. _____

Note: "FTE Jobs Created" means full time equivalent jobs for which persons are hired or are expected to be hired within one year of the new investment (do not include construction jobs or spinoff jobs). "FTE Jobs Retained" means the number of jobs that will remain in the zone when it can be publicly documented that the business would have otherwise closed operations without the enterprise benefits.