





Name(s) as shown on return	SSN(s) or Federal Employer I.D. No.
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	<b>Column (a)</b> Total New Credit Claimed for this Tax Year	<b>Column (b)</b> Total Credit Applied to this Tax Year	<b>Column (c)</b> Unused Credit to Carryover to Next Tax Year
<b>17</b> Carryover of the Renewable Energy Technologies Income Tax Credit (For Systems Installed and Placed in Service Before July 1, 2009) (attach Form N-323) .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>17●</b>
<b>18</b> Attach Form N-586 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>18●</b>
<b>19</b> Attach Form N-884 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>19●</b>
<b>20</b> Attach Form N-330 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>20●</b>
<b>21</b> Fill in the appropriate oval to indicate the type of energy system installed and placed in service:			● <input style="width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;" type="radio"/> Solar    ● <input style="width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;" type="radio"/> Wind
Attach all Form(s) N-342 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>21●</b>
<b>22</b> Attach Form N-348 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>22●</b>
<b>23</b> Attach Form N-350 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>23●</b>
<b>24</b> Attach Form N-352 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>24●</b>
<b>25</b> Attach Form N-354 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>25●</b>
<b>26</b> Attach Form N-356 (N-11 and N-15 filers only) ...	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>26●</b>
<b>27</b> Attach Form N-358 (N-11 and N-15 filers only) ...	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>27●</b>
<b>28</b> Attach Form N-325 .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>28●</b>
<b>29 Total Nonrefundable Credits.</b> Add lines 9, 10 and Column (b) of lines 11 through 28. Enter here and on Form N-11, line 35; N-15, line 52; N-30, line 14; N-40, Schedule G, line 4; or N-70NP, line 19. <i>Attach this schedule directly behind your Form N-11, N-15, N-30, N-40 or N-70NP.</i> .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> .00 <b>29●</b>