

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

| | |
|------|--------------------|
| Name | Identifying Number |
|------|--------------------|

Address of Rehabilitated Property _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Part I Supplement to the Federal Historic Rehabilitation Tax Credit

| | | | |
|-----------|---|------------------|--------------------------|
| 1 | Enter adjusted basis in the building on the first day of the rehabilitation period | 1 | .00 |
| 2 | Check the box to indicate the election chosen (Note: You must claim the credit at the same time as for federal purposes, unless the credit is transferred from another taxpayer): | | |
| a | This credit is claimed based on when the rehabilitation work was completed | 2a | <input type="checkbox"/> |
| b | This credit is claimed based on when the expenditures are paid. | 2b | <input type="checkbox"/> |
| c | Enter the total qualifying expenditures incurred on the project to date | 2c | .00 |
| d | Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year | 2d | .00 |
| 3 | Enter 20% of amount on line 2d, round to the nearest dollar. | 3 | .00 |
| 4 | Historic rehabilitation credit passed through from other entities: | | |
| 4a | Entity Name _____ | | |
| | FEIN _____ | Amount 4a | .00 |
| 4b | Entity Name _____ | | |
| | FEIN _____ | Amount 4b | .00 |
| 4c | Total pass through credits from additional schedule. 4c | | .00 |
| 4d | Total credits (add lines 4a through 4c) | 4d | .00 |
| 5 | Fill in the amount of credit transferred from other taxpayers in 2015 | 5 | .00 |
| 6 | Add lines 3, 4d, and 5. This is your 2015 credit | 6 | .00 |
| 6a | Fiduciaries - enter the amount of credit allocated to beneficiaries | 6a | .00 |
| 6b | Fiduciaries - subtract line 6a from line 6. | 6b | .00 |
| 7 | Carryover of unused supplement to the federal historic rehabilitation tax credit. | 7 | .00 |
| 8 | Add lines 6 and 7 (lines 6b and 7 if fiduciary). | 8 | .00 |
| 9 | Fill in the amount of credit transferred to other taxpayers in 2015 | 9 | .00 |
| 10 | Subtract line 9 from line 8. This is the available supplement to the federal historic rehabilitation tax credit | 10 | .00 |



Part II State Historic Rehabilitation Credit – Individuals Only

11 Check the box to indicate the election chosen:

| | | |
|--|-------------------------------------|-----------|
| a This credit is claimed based on when the rehabilitation work was completed | 11a <input type="checkbox"/> | |
| b This credit is claimed based on when the costs are paid | 11b <input type="checkbox"/> | |
| c Enter the total qualifying costs incurred on the project to date | 11c | _____ .00 |
| d Enter the qualified preservation costs on which the credit is computed for the current taxable year | 11d | _____ .00 |

12 Enter 25% of amount on line 11d, but not more than \$10,000 (\$5,000 if married filing a separate return) round to the nearest dollar **12** _____ .00

13 Carryover of unused state historic rehabilitation credit **13** _____ .00

14 Add lines 12 and 13. This is the available state historic rehabilitation credit **14** _____ .00

Part III Transfer of Supplement to the Federal Historic Rehabilitation Tax Credit

1 Complete the following information regarding the transfer in 2015 of the supplement to the federal historic rehabilitation tax credit.

1a Person Eligible to Claim the Supplement to the Federal Historic Rehabilitation Tax Credit:

| | | | | |
|-------------------|--|------------|-------|----------|
| Last Name | | First Name | | M.I. |
| Business Name | | | | |
| Number and Street | | | | |
| City | | | State | Zip Code |

1b Recipient of Transferred Supplement to the Federal Historic Rehabilitation Tax Credit:

| | | | | |
|-------------------|--|------------|--------------------|----------|
| Last Name | | First Name | | M.I. |
| Business Name | | | Identifying Number | |
| Number and Street | | | | |
| City | | | State | Zip Code |

1c Transferred Amount **1c** _____ .00

