Rent Certificate Wisconsin Department of Revenue

Alterations on lines 1 to 14 (whiteouts, erasures, etc.) will **void** this rent certificate. A rent certificate with an error should be discarded and a new one completed.

2001

Claimant (newter) Fill in lines 1 to 4. Then have very level	10a le this rent certificate for rent of			
Claimant (renter) Fill in lines 1 to 4. Then have your landlord fill in lines 5 to 14. Also:	10a Is this rent certificate for rent of: A mobile home?			
	A mobile home site?			
Complete the schedule at the bottom of this page if line 11d is 2 or				
more and each occupant did not pay an equal share of the rent.	 b Mobile home taxes or parking permit fees, or municipal fees you collected from this renter for 2001 \$ 11 Answer lines 11a to 11e based on the period of time this rental unit was 			
• If your landlord will not sign your rent certificate, check here. \rightarrow				
Complete lines 1 to 13b, and attach copies of each canceled check or money order receipt you have to verify your rent.	occupied by this claimant (renter) in 2001. Do not include amounts			
	collected directly from a governmental agency. If rent rates changed			
Attach your completed rent certificate (not a photocopy) to Schedule H.	during the year, use the additional spaces on lines 11a and 11b to show			
1 Claimant's name	the different rates and how many months each rate applied.			
2 Social security number	a Rent collected per month for this rental unit, for 2001 \$			
3 Address of rental property (property must be in Wisconsin)				
	b Number of months this rental unit was rented to			
4 Time you actually lived here in 2001	this renter in 2001			
From (mo/day) To (mo/day)	c Total rent collected for this unit, for 2001 \$			
	d Number of occupants in this rental unit			
Landlord Fill in ALL lines 5 to 14 (SSN is optional).	do not count spouse or children under 18			
5 Name	e This renter's share of total 2001 rent			
	(do not include rent paid for other renters) \$			
6 Telephone number	12 Value of food and services provided			
7 SSN (optional) or FEIN	by landlord (this renter's share) \$			
8 Address	13a Rent paid for occupancy only – Subtract line 12 from line 11e \$			
	b Was heat included in the rent?			
9 a Property owner is <i>(check one)</i> :	c If the Long-term care facility / CBRF / Nursing home box is checked on			
	line 9a, check the method used to compute line 13a:			
Sec. 66.1201 municipal housing authority	Standard rate (\$100 per week)			
Long-term care facility / CBRF / Nursing home	Percentage formula (fill in percentage)%			
Other	Other method approved by Department of Revenue			
b Is the rental property (line 3) subject to property taxes?	14 I certify that the information shown on this rent certificate for 2001			
Yes No	is true, correct, and complete to the best of my knowledge.			
c If 9b is answered "No" and you are a sec. 66.1201 municipal housing				
authority that makes payments in lieu of taxes, check this box. \rightarrow	Signature (by hand) of landlord or authorized representative Date			

Allowable Rent for Shared Living Expenses | To be completed by the claimant, if applicable.

Complete this schedule if line 11d shows more than one occupant, and each occupant did not pay an equal share of the rent. Also indicate the name(s) (and social security number, if known) of the other occupant(s). You may claim only the portion of rent that reflects the percentage of shared living expenses you paid. Divide the living expenses you paid (box 5b) by the total shared living expenses (box 5a), and multiply that percentage by the total rent (box 1a). Subtract the amount on line 12 of your rent certificate, if any, and claim only the resulting amount on line 14a or 14c of Schedule H.

Example: You and your roommate paid shared living expenses as shown below. Your landlord provided services and filled in \$300 as			Shared Living Expenses	Total Paid by All Occupants	Amount You Paid	Amount Other Occupant(s) Paid			
your share on line 12.	·			Rent	1a)	1b)	1c)		
Shared	Total	You	Roommate	Food	2a)	2b)	2c)		
Living Expenses	Paid	Paid	Paid	Utilities	3a)	3b)	3c)		
Rent Food	\$4,800 2,400	\$4,800 1,200	-0- \$1,200	Other	4a)	4b)	4c)		
Utilities	2,400	-0-	600	Total	5a)	5b)	5c)		
Other Total	<u>200</u> \$8,000	<u>-0-</u> \$6,000							
Your allowable rent pai follows:	d for occupar	ncy only is \$3,3	800, computed as						
 Divide the living expenses (\$8,000) = 		aid (\$6,000) I	by the total living	Compute your	r allowable rent paid	for occupancy only	as follows:		
Multiply 75% by the	total rent (\$4	,800) = \$3,60	0	• 5b	· Fo	_	%		
Subtract your share (\$3,300	of services pr	ovided (\$300)	: \$3,600 - \$300 =		÷ ba x 1a	=	_70		
				/0			-		

In this example, you would include \$3,300 on line 14a or 14c of Schedule H, as applicable.

- line 12 _____ = _____
* include this amount on Schedule H, line 14a or 14c

I-017