Schedule **CM**

Wisconsin Department of Revenue

Community Rehabilitation Program Credit

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

Read instructions before filling in this form

2015

Name

Identifying Number

Part I – To be completed by claimant

1 Enter amount paid in the taxable year to a community rehabilitation program to perform work for your business. Do not fill in more than $500,000 **1** ________

2 Multiply line 1 by 5% (0.05). . . . . **2** ________

3 If you paid an amount to more than one community rehabilitation program to perform work for your business, fill in the amount from line 2 of any additional Schedules CM . . . . **3** ________

4 Community rehabilitation program credit passed through from other entities:

4a Entity Name ________

FEIN ________ Amount **4a** ________

4b Entity Name ________

FEIN ________ Amount **4b** ________

4c Total pass through credits from additional schedule. **4c** ________

4d Total credits (add lines 4a through 4c) . . . . **4d** ________

5 Add lines 2, 3, and 4d. This is your 2015 credit (see instructions) . . . . **5** ________

5a Fiduciaries – enter the amount of credit allocated to beneficiaries . . . . **5a** ________

5b Fiduciaries – subtract line 5a from line 5 . . . . **5b** ________

6 Carryover of unused community rehabilitation program credit . . . . **6** ________

7 Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available community rehabilitation program credit . . . . **7** ________

Part II – To be completed by the community rehabilitation program

1 Name and address of entity providing the community rehabilitation program

Name		
Number and Street		Suite Number
City	State	Zip Code

2 Name of entity for which work was provided ____________________

3 Taxable year of entity beginning __ __ __ __ __ __ __ __ (M M D D Y Y Y Y) and ending __ __ __ __ __ __ __ __ (M M D D Y Y Y Y)

4 Date contract signed __ __ __ __ __ __ __ __ (M M D D Y Y Y Y)

5 Total payments received during the period listed in 3 above . . . . **5** ____________

6 Amount of payments in 5 above that was for work performed . . . . **6** ____________

Sign Here ▶ Authorized community rehabilitation program representative | Date