

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

Name	Identifying Number
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Address of Rehabilitated Property _____

City	State	Zip Code
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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**
 - b** This credit is claimed based on when the costs are paid **11b**
 - 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

