

**Community Rehabilitation  
Program Credit**

**2017**

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

Wisconsin Department  
of Revenue

*Read instructions before filling in this form*

Name	Identifying Number
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**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 2017 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                  and ending                 

**4** Date contract signed                 

**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** \_\_\_\_\_

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**Sign Here**  Authorized community rehabilitation program representative Date

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