

Transfer of Supplement to Federal Historic Rehabilitation Credit

A. Transferor Information

Entity Legal Name <i>(if applicable)</i>			Federal Employer ID Number XX-XXX ____	
Legal Last Name	Legal First Name	M.I.	Social Security Number XXX-XX-____	
Number and Street				Suite Number
City			State	Zip Code
Email		Phone Number		
If LLC, how is LLC classified? <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity				

Check if you want to allow the contact person listed below to discuss and receive information about this form with the department.

Contact Person (May need Power of Attorney. See instructions)	Email
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B. Transferee Information

Entity Legal Name <i>(if applicable)</i>			Federal Employer ID Number XX-XXX ____	
Legal Last Name	Legal First Name	M.I.	Social Security Number XXX-XX-____	
If LLC, how is LLC classified? <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity				

C. Credit Information

- 1 The credit being transferred is based on: paid expenditures completed project
- 2 Period during which expenditures were paid or project completed:
 _____ to _____
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- 3 Qualified expenditures on which the credit being transferred is based **3** _____
- 4 Enter 20% of the amount on line 3 **4** _____
- 5 If the credit is being transferred or passed through from other entities, enter the following:
 - a Entity Name _____
 FEIN _____ Amount **5a** _____
 - b Entity Name _____
 FEIN _____ Amount **5b** _____
- 5c Total credits from additional schedule **5c** _____
- 6 Total pass through and transferred credits (add lines 5a through 5c) **6** _____
- 7 Total credit available to be transferred (add lines 4 and 6) **7** _____
- 8 Amount of credit from line 7 to be transferred **8** _____

D. Signature of Transferor or Authorized Representative

I hereby certify that to the best of my knowledge and belief 1) the above-listed expenditures were paid during the period specified and are qualified under section 47(c)(2) of the Internal Revenue Code and 2) the above-listed transferee is subject to Wisconsin income or franchise tax under s. 71.02, 71.08, 71.23, or 71.43, Wis. Stats.

Print Name	Signature	Date
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Instructions for 2018 Form HR-T

GENERAL INSTRUCTIONS

Purpose of Form HR-T

Use Form HR-T to notify the department of the intent to transfer Wisconsin's supplement to federal historic rehabilitation credit and request certification of ownership of the credit to be transferred. Upon approval of the transfer, the department will issue a Notice of Certification letter to the transferor.

How to File

Do not file Form HR-T with your 2018 Wisconsin income or franchise tax return. Instead, both the transferor and transferee must attach Schedule HR to their respective tax returns to report the completed transfer.

Email Form HR-T to: craig.kvammen@wisconsin.gov

or

Mail Form HR-T to:

Wisconsin Department of Revenue
Office of Technical Services - Division of IS&E
PO Box 8933
Madison WI 53708-8933

Allow 30 days for the transfer request to be processed. If you cannot submit Form HR-T by December 1, please contact us.

SPECIFIC INSTRUCTIONS

Sections A and B

Identifying number. Enter the last four digits of the federal employee identification number (FEIN) or the last four digits of the social security number for an individual not required to obtain a FEIN.

A Power of Attorney (Form A-222) executed by the taxpayer is required in order for the taxpayer's representative to perform certain acts on behalf of the taxpayer and to receive and inspect certain tax information, including receiving the Notice of Certification letter. The form is available at revenue.wi.gov/DORForms/a-222.pdf

Third Party Designee - As an alternative to appointing a Power of Attorney, you may designate a third party to discuss the processing of Form HR-T. If you want to allow another person you choose to discuss your 2018 Form HR-T with the Department of Revenue, check the box. If you check the box, you are authorizing the department to discuss with the designee any questions that may arise, and the designee to provide additional information to the department.

Section C

Line 3. Fill in the amount of qualified rehabilitation expenditures on which the credit being transferred is based. If the credit is based on when the rehabilitation work is completed, fill in the total qualified rehabilitation expenditures for the project. If the credit is based on when the expenditures are paid, only fill in the qualified rehabilitation expenditures paid during the period entered on line 2.

Required Attachments

You must file with Form HR-T:

- A copy of the certification agreement with the Wisconsin Economic Development Corporation.
- A copy of the proposed transfer documents (for example, a sales agreement).
- For a credit passed through from a partnership, tax-option (S) corporation, estate, or trust, a copy of Schedule 3K-1, 5K-1, or 2K-1 (if available).
- For a credit passed through from a partnership or LLC treated as a partnership that is allocated per a written agreement, a copy of the agreement.

Additional Information

- For more information, you may:
- Access Common Questions at revenue.wi.gov/Pages/FAQS/pcs-historic_transfer.aspx
- Call (608) 266-7177 or email craig.kvammen@wisconsin.gov