

Name \_\_\_\_\_ Identifying Number \_\_\_\_\_

Address of Rehabilitated Property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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**

**b** This credit is claimed based on when the expenditures are paid. . . . . **2b**

**c** Enter the date on which the 24- or 60-month measuring period begins. . . . . **2c** \_\_\_\_\_  
M M D D Y Y Y Y

**d** Enter the date on which the 24- or 60-month measuring period ends . . . . . **2d** \_\_\_\_\_  
M M D D Y Y Y Y

**e** Enter the total qualifying expenditures incurred on the project to date . . . . . **2e** \_\_\_\_\_ .00

**f** Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year. . . . . **2f** \_\_\_\_\_ .00

**3** Enter 20% of the amount on line 2f, round to the nearest dollar. . . . . **3** \_\_\_\_\_ .00

**4** Enter 20% of the amount on line 3; if the transition rule applies, enter the amount from line 3 . . . . . **4** \_\_\_\_\_ .00

**5** Historic rehabilitation credit passed through from other entities:

**5a** Entity Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount **5a** \_\_\_\_\_ .00

**5b** Entity Name \_\_\_\_\_  
FEIN \_\_\_\_\_ Amount **5b** \_\_\_\_\_ .00

**5c** Total pass through credits from additional schedule. **5c** \_\_\_\_\_ .00

**5d** Total credits (add lines 5a through 5c) . . . . . **5d** \_\_\_\_\_ .00

**6** Fill in the amount of credit transferred from other taxpayers in 2018 . . . . . **6** \_\_\_\_\_ .00

**7** Add lines 4, 5d, and 6. This is your 2018 credit . . . . . **7** \_\_\_\_\_ .00

**7a** Fiduciaries - enter the amount of credit allocated to beneficiaries . . . . . **7a** \_\_\_\_\_ .00

**7b** Fiduciaries - subtract line 7a from line 7. . . . . **7b** \_\_\_\_\_ .00

**8** Carryover of unused supplement to the federal historic rehabilitation tax credit. **Include Schedule CF** . . . . . **8** \_\_\_\_\_ .00

**9** Add lines 7 and 8 (lines 7b and 8 if fiduciary). . . . . **9** \_\_\_\_\_ .00

**10** Fill in the amount of credit transferred to other taxpayers in 2018 . . . . . **10** \_\_\_\_\_ .00

**11** Subtract line 10 from line 9. This is the available supplement to the federal historic rehabilitation tax credit. **Include Schedule CF** if the credit was not used in full . . . . . **11** \_\_\_\_\_ .00



**Part II State Historic Rehabilitation Credit – Individuals Only**

**12** Check the box to indicate the election chosen:

<b>a</b> This credit is claimed based on when the rehabilitation work was completed . . . . .	<b>12a</b>	<input type="checkbox"/>	
<b>b</b> This credit is claimed based on when the costs are paid . . . . .	<b>12b</b>	<input type="checkbox"/>	
<b>c</b> Enter the total qualifying costs incurred on the project to date . . . . .	<b>12c</b>		_____ .00
<b>d</b> Enter the qualified preservation costs on which the credit is computed for the current taxable year . . . . .	<b>12d</b>		_____ .00

**13** Enter 25% of amount on line 12d, but not more than \$10,000 (\$5,000 if married filing a separate return) round to the nearest dollar . . . . . **13** \_\_\_\_\_ .00

**14** Carryover of unused state historic rehabilitation credit. **Include Schedule CF** . . . . . **14** \_\_\_\_\_ .00

**15** Add lines 13 and 14. This is the available state historic rehabilitation credit. **Include Schedule CF** if the credit was not used in full. . . . . **15** \_\_\_\_\_ .00

**Part III Transfer of Supplement to the Federal Historic Rehabilitation Tax Credit**

**1** Complete the following information regarding the transfer in 2018 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

