

Name _____	Identifying Number _____
------------	--------------------------

If you qualify for the angel investment credit, complete Part I. If you qualify for the early stage seed investment credit, complete Part II.

Round Amounts to Nearest Dollar

Part I Angel Investment Credit

1 Fill in the following information regarding your investments in qualified new business ventures that the Wisconsin Economic Development Corporation has verified as first eligible for a tax credit in 2018 (attach separate schedules if more space is needed):

Date Investment Made	Name of Qualified New Business Venture	Total Investment	Qualified Investment
1a <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 1a _____	1a _____	1a _____ .00	1a _____ .00
1b <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 1b _____	1b _____	1b _____ .00	1b _____ .00
1c <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 1c _____	1c _____	1c _____ .00	1c _____ .00
1d Total qualified investments (add lines 1a through 1c)		1d _____	.00
2 Multiply the amount on line 1d by 25% (0.25)		2 _____	.00
3 Fill in the 2018 angel investment credit passed through from angel investment networks:			
3a Entity Name _____			
FEIN _____	Amount 3a _____	.00	
3b Entity Name _____			
FEIN _____	Amount 3b _____	.00	
3c Total pass through credits from additional schedule . . .		3c _____	.00
3d Total credits (add lines 3a through 3c)		3d _____	.00
4 Add lines 2 and 3d. This is your 2018 credit		4 _____	.00
5 Carryover of unused angel investment credit (see instructions). Include Schedule CF		5 _____	.00
6 Add lines 4 and 5. This is the available angel investment credit. Include Schedule CF if the credit was not used in full		6 _____	.00



Part II Early Stage Seed Investment Credit

7 Fill in the following information regarding your investments paid to a certified fund manager that the Wisconsin Economic Development Corporation has verified as eligible for a tax credit in 2018 (attach separate schedules if more space is needed):

Date Investment Made	Name of Certified Fund Manager	Total Investment	Qualified Investment
7a <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	7a _____	7a _____ .00	7a _____ .00
7b <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	7b _____	7b _____ .00	7b _____ .00
7c <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	7c _____	7c _____ .00	7c _____ .00
7d Total qualified investment (add lines 7a through 7c)		7d	.00
8 Multiply line 7d by 25% (0.25) or enter the credit specially allocated to you		8	.00
9 Fill in the 2018 early stage seed investment credit passed through from other entities:			
9a Entity Name _____			
FEIN _____	Amount 9a _____	.00	
9b Entity Name _____			
FEIN _____	Amount 9b _____	.00	
9c Total pass through credits from additional schedule		9c	.00
9d Total credits (add lines 9a through 9c)		9d	.00
10 Fill in the amount of credit transferred from other taxpayers in 2018 (from Part III page 3)		10	.00
11 Add lines 8, 9d and 10. This is your 2018 credit (see instructions)		11	.00
11a Fiduciaries - enter the amount of credit allocated to beneficiaries		11a	.00
11b Fiduciaries - subtract line 11a from line 11		11b	.00
12 Carryover of unused early stage seed investment credit. Include Schedule CF		12	.00
13 Add lines 11 and 12 (lines 11b and 12 if fiduciary)		13	.00
14 Fill in the amount of credit transferred to other taxpayers in 2018		14	.00
15 Subtract line 14 from line 13. This is the available early stage seed investment credit. Include Schedule CF if the credit was not used in full		15	.00



Part III Transfer of Early Stage Seed Investment Credit

1 Fill in the following information regarding the transfer in 2018 by a person eligible to claim the early stage seed investment credit to a person subject to tax under ch. 71 or subch. III of ch. 76:



1a Person Eligible to Claim the Early Stage Seed Investment Credit:

Name _____

Number and Street _____

City _____ State _____ Zip Code _____

1b Recipient of Transferred Early Stage Seed Investment Credit:

Name _____ Identifying Number _____

Number and Street _____

City _____ State _____ Zip Code _____

1c Transferred Amount _____ .00 Investment Fund Manager Approval Date

Wisconsin Economic Development Corporation Approval Date

2a Recipient of Transferred Early Stage Seed Investment Credit:

Name _____ Identifying Number _____

Number and Street _____

City _____ State _____ Zip Code _____

2b Transferred Amount _____ .00 Investment Fund Manager Approval Date

Wisconsin Economic Development Corporation Approval Date

3a Recipient of Transferred Early Stage Seed Investment Credit:

Name _____ Identifying Number _____

Number and Street _____

City _____ State _____ Zip Code _____

3b Transferred Amount _____ .00 Investment Fund Manager Approval Date

Wisconsin Economic Development Corporation Approval Date