

Transfer of Supplement to the Federal Historic Rehabilitation Credit

2019

A. Transferor Information

Entity Legal Name (if applicable)					Federal Employer ID Number XX — XXX				
Legal Las	t Na	ame	Legal First Name M.I.		M.I.	Social Security Number XX — XXX —		er — — — —	
Address								Suite Number	
City						State	Zip Code		
Email				Phone Number					
If LLC, ho	w is	LLC classified? Partnersh	ip Corporation	n Disregard	ded entity				
Ch	ecł	ι if you want to allow the contact μ	person listed below to d	iscuss information abo	out this fo	rm with th	ne depart	ment	
Contact Person (May need Power of Attorney. See Instructions)				Email					
	ab	ilitated Property							
Address									
City						State Zip Code			
C. Tran	sf	eree Information							
Entity Legal Name (if applicable)						Federal Employer ID Number XX — XXX			
Legal Las	t Na	ame	Legal First Name M.I.		M.I.	Social Security Number XX — XXX —			
If LLC, ho	w is	LLC classified? Partnersh	ip Corporation	n Disregard	ded entity				
Cred	lit	Information							
		eck the box to indicate the election	n chosen:						
a This credit is claimed based on when the rehabilitation work was completed						1 1			
						1b			
(3	Enter the date on which the 24- or 60-month measuring period begins							
(Enter the date on which the 24-	or 60-month measuring period ends			1d			
•		Enter the total qualifying expend	itures incurred on the p	roject to date		<u>M</u> M D D V Y Y 1e			
f		Enter the qualified rehabilitation for the current taxable year	expenditures on which	the credit is computed	d				
0 -	-,								
2 E	=nt	er 20% of the amount on line 1f, r	ound to the hearest do	ııar		2		.0	

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D. Cre	edit Information Continued	
3	If the credit is required to be claimed ratably over a five-year period, enter the amount of credit claimed	each year (from Schedule HR-5)
	a 2019 – Multiply line 2 by 20% (.20) 3a	
	b 2020 – Multiply line 2 by 20% (.20)	
	c 2021 – Multiply line 2 by 20% (.20)	
	d 2022 – Multiply line 2 by 20% (.20) 3d	
	e 2023 – Multiply line 2 by 20% (.20) 3e	
	f Total (add lines 3a through 3e)	3f00
4	Historic rehabilitation credit passed through or transferred from other entities: 4a Entity Name	
	FEIN Amount00	
	4b Entity Name	
	FEIN Amount00	
4c	Total credits from additional schedule	
4d	Total credits (add lines 4a through 4c)	4d 00
5	Carryover of unused supplement to the federal historic rehabilitation tax credits	500
6	Total credits available to be transferred. If the transition rule applies add lines 2, 4d and 5.	
	If the transition rule does not apply, add lines 3f, 4d and 5	6
7	Amount of credit from line 6 to be transferred	700
E. Sig	nature of Transferor or Authorized Representative	

E.

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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