

**A. Transferor Information**

Entity Legal Name (if applicable)			Federal Employer ID Number XX - XXX _ _ _ _	
Legal Last Name	Legal First Name	M.I.	Social Security Number XX - XXX - _ _ _ _	
Address				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 information about this form with the department

Contact Person (May need Power of Attorney. See Instructions)	Email
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**B. Rehabilitated Property**

Address		
City	State	Zip Code

**C. Transferee Information**

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

**D. Credit Information**

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

- a** This credit is claimed based on when the rehabilitation work was completed . . . . . **1a**
- b** This credit is claimed based on when the expenditures are paid . . . . . **1b**
- c** Enter the date on which the 24- or 60-month measuring period begins . . . . . **1c**
- d** Enter the date on which the 24- or 60-month measuring period ends . . . . . **1d**
- e** Enter the total qualifying expenditures incurred on the project to date . . . . . **1e**                         .00
- f** Enter the qualified rehabilitation expenditures on which the credit is computed  
for the current taxable year . . . . . **1f**                         .00

**2** Enter 20% of the amount on line 1f, round to the nearest dollar . . . . . **2**                         .00

**3** Enter 20% of the amount on line 2; if the transition rule applies, enter the amount from line 2 . . **3**                         .00

**D. Credit Information Continued**

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

4a Entity Name \_\_\_\_\_

FEIN \_\_\_\_\_ Amount \_\_\_\_\_ .00

4b Entity Name \_\_\_\_\_

FEIN \_\_\_\_\_ Amount \_\_\_\_\_ .00

**4c** Total pass-through credits from additional schedule **4c** \_\_\_\_\_ .00

**4d** Total pass-through credits (add lines 4a through 4c) . . . . . **4d** \_\_\_\_\_ .00

**5** Total credit available to be transferred (add lines 3 and 4d) . . . . . **5** \_\_\_\_\_ .00

**6** Amount of credit from line 5 to be transferred . . . . . **6** \_\_\_\_\_ .00

**E. 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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