

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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