### Schedule CM

**Community Rehabilitation Program Credit**

**Wisconsin Department of Revenue**

Enclose with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

**Read instructions before filling in this form**

**2019**

<table>
<thead>
<tr>
<th>Name</th>
<th>Identifying Number</th>
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**Part I – To be completed by claimant**

1. Enter amount paid in the taxable year to a community rehabilitation program to perform work for your business. Do not fill in more than $500,000. 

2. Multiply line 1 by 5% (0.05).

3. If you paid an amount to more than one community rehabilitation program to perform work for your business, fill in the amount from line 2 of any additional Schedules CM.

4. Community rehabilitation program credit passed through from other entities:

   4a. Entity Name
       FEIN ___________________________ Amount 4a ___________________________

   4b. Entity Name
       FEIN ___________________________ Amount 4b ___________________________

   4c. Total pass through credits from additional schedule. 4c ___________________________

   4d. Total credits (add lines 4a through 4c) 4d ___________________________

5. Add lines 2, 3, and 4d. This is your 2019 credit (see instructions).

6. Carryover of unused community rehabilitation program credit. Include Schedule CF. 6 ___________________________

7. Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available community rehabilitation program credit. Include Schedule CF if the credit was not used in full. 7 ___________________________
## Part II – To be completed by the community rehabilitation program

1. Name and address of entity providing the community rehabilitation program

   **Name**

   **Number and Street**

   **City**

   **State**

   **Zip Code**

2. Name of entity for which work was provided

3. Taxable year of entity beginning and ending

4. Date contract signed

5. Total payments received during the period listed in 3 above

6. Amount of payments in 5 above that was for work performed

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**Authorized community rehabilitation program representative**

**Date**