Schedule CM

## Community Rehabilitation Program Credit

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

2020

Identifying Number

Wisconsin Department of Revenue

Name

Read instructions before filling in this form

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	1	
2	Multiply line 1 by 5% (0.05)	. 2	
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	. 3	
4	Community rehabilitation program credit passed through from other entities:		
4a	Entity Name	_	
	FEIN Amount <b>4a</b>		
4b	Entity Name	_	
	FEIN Amount <b>4b</b>	_	
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 2020 credit (see instructions)	. 5	
5a	Fiduciaries – enter the amount of credit allocated to beneficiaries	. <b>5</b> a	
5b	Fiduciaries – subtract line 5a from line 5	. <b>5</b> b	
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. <b>Include Schedule CF</b> if the credit was not used in full	. 7	

## Part II – To be completed by the community rehabilitation program

Name			
Number and Street		Suite Number	
City	State	Zip Code	
Name of entity for which work was provided _	· · · · · · · · · · · · · · · · · · ·		
Taxable year of entity beginning m_ m_ D_ D Y Y Y Y and ending m m_ D_ D Y Y Y Y			
Date contract signed M _ D _ D _ Y _ Y _ Y _ Y			
Total payments received during the period liste	ed in 3 above	5	
Amount of payments in 5 above that was for w	vork performed	6	

Sign	
Here	

Authorized community rehabilitation program representative

Date