

Name	Identifying Number
------	--------------------

Address of Rehabilitated Property

City	State	Zip Code
------	-------	----------

Supplement to the Federal Historic Rehabilitation Tax Credit

1 Enter adjusted basis in the building on the first day of the rehabilitation period	1	.00
2 Check the box to indicate the election chosen (Note: You must claim the credit at the same time as for federal purposes, unless the credit is transferred from another taxpayer):		
a This credit is claimed based on when the rehabilitation work was completed	2a	<input type="checkbox"/>
b This credit is claimed based on when the expenditures are paid	2b	<input type="checkbox"/>
c Enter the date on which the 24- or 60-month measuring period begins	2c	_____
		M M D D Y Y Y Y
d Enter the date on which the 24- or 60-month measuring period ends	2d	_____
		M M D D Y Y Y Y
e Enter the total qualifying expenditures incurred on the project to date	2e	.00
f Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year	2f	.00
3 Enter 20% of the amount on line 2f, round to the nearest dollar	3	.00
4 Amount of credit claimed each year:		
a 2020 – Multiply line 3 by 20% (.20)	4a	.00
b 2021 – Multiply line 3 by 20% (.20)	4b	.00
c 2022 – Multiply line 3 by 20% (.20)	4c	.00
d 2023 – Multiply line 3 by 20% (.20)	4d	.00
e 2024 – Multiply line 3 by 20% (.20)	4e	.00
f Total (add lines 4a through 4e)	4f	.00
5 Historic rehabilitation credit passed through from other entities:		
5a Entity Name _____		
FEIN _____	Amount 5a	.00
5b Entity Name _____		
FEIN _____	Amount 5b	.00
5c Total pass through credits from additional schedule	5c	.00
5d Total credits (add lines 5a through 5c)	5d	.00
6 Enter the amount of credit transferred from other taxpayers in 2020	6	.00
7 Add lines 4f, 5d, and 6. This is your 2020-2024 credit	7	.00
7a Fiduciaries - enter the amount of credit allocated to beneficiaries	7a	.00
7b Fiduciaries - subtract line 7a from line 7	7b	.00
8 Carryover of unused supplement to the federal historic rehabilitation tax credit.		
Include Schedule CF	8	.00
9 Add lines 7 and 8 (lines 7b and 8 if fiduciary)	9	.00
10 Enter the amount of credit transferred to other taxpayers	10	.00
11 Subtract line 10 from line 9. This is the available supplement to the federal historic rehabilitation tax credit. Include Schedule CF if the credit was not used or transferred in full	11	.00