

Name	Identifying Number
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Address of Rehabilitated Property _____

City	State	Zip Code
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Part I 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. Include WEDC certification	3	_____ .00
4 Enter 20% of the amount on line 3; if the transition rule applies, enter the amount from line 3	4	_____ .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 Fill in the amount of credit transferred from other taxpayers in 2020	6	_____ .00
7 Add lines 4, 5d, and 6. This is your 2020 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 Fill in the amount of credit transferred to other taxpayers in 2020	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 in full	11	_____ .00



Part II State Historic Rehabilitation Credit – Individuals Only

12 Check the box to indicate the election chosen:

a This credit is claimed based on when the rehabilitation work was completed. **12a**

b This credit is claimed based on when the costs are paid **12b**

c Enter the total qualifying costs incurred on the project to date **12c** _____ .00

13 Enter qualified preservation costs on which the credit is computed for each project below, but do not enter more than \$40,000 per project (\$20,000 if married filing separate)

a Project 1. **Include WHS certification - see instructions** . . . **13a** _____ .00

b Project 2. **Include WHS certification - see instructions** . . . **13b** _____ .00

c Project 3. **Include WHS certification - see instructions** . . . **13c** _____ .00

d Project 4. **Include WHS certification - see instructions** . . . **13d** _____ .00

e Project 5. **Include WHS certification - see instructions** . . . **13e** _____ .00

f Project 6. **Include WHS certification - see instructions** . . . **13f** _____ .00

g Total (add lines 13a through 13f) **13g** _____ .00

14 Enter 25% of the amount on line 13g **14** _____ .00

15 Carryover of unused state historic rehabilitation credit. Include Schedule CF **15** _____ .00

16 Add lines 14 and 15. This is the available state historic rehabilitation credit. **Include Schedule CF** if the credit was not fully used. **16** _____ .00

Part III Transfer of Supplement to the Federal Historic Rehabilitation Tax Credit

1 Complete the following information regarding the transfer in 2020 of the supplement to the federal historic rehabilitation tax credit.

1a Person Eligible to Claim the Supplement to the Federal Historic Rehabilitation Tax Credit:

Last Name	First Name	M.I.
Business Name		Identifying Number
Number and Street		
City	State	Zip Code

1b Recipient of Transferred Supplement to the Federal Historic Rehabilitation Tax Credit:

Last Name	First Name	M.I.
Business Name		Identifying Number
Number and Street		
City	State	Zip Code

1c Transferred Amount. **1c** _____ .00

