

Wisconsin Department of Revenue

Transfer of Supplement to the Federal Historic Rehabilitation Credit

2022

A. Transferor Information

Entity L								
	al Name (if applicable) Federal Employer ID Null XX — XXX			Number				
Legal L	Last Name	Legal First Name		M.I.	Social Security Number XXX — XX —		oer	
Addres	SS			•			Suite Number	
City					State	Zip Code		
Email			Phone Number					
If LLC,	how is LLC classified? Partne	ership Corporati	ion Disregar	ded entity				
	Check if you want to allow the conta	ct person listed below to	discuss information ab	out this for	rm with th	ne depart	ment	
Contac	ct Person (May need Power of Attorney. See Ir	estructions)	Email					
B Po	habilitated Property							
Addres	· ·							
City					State	Zip Code		
C. Tra	ansferee Information							
	Legal Name <i>(if applicable)</i>				Federal F	mployer ID	Number	
Linuxy L	Entity Legal Name (II applicable)					XX – XXX		
Legal L	Last Name	Legal First Name		M.I.	Social Security Number XXX — XX —		per	
		•						
If LLC,	how is LLC classified? Partne	ership Corporati	ion Disregar	ded entity				
		ership Corporat.	ion Disregar	ded entity				
	edit Information Check the box to indicate the electric partners in the control of the control		ion Disregar	ded entity				
D. Cr	edit Information Check the box to indicate the elec	tion chosen:			1a			
D. Cr	edit Information Check the box to indicate the electory and This credit is claimed based or	tion chosen:	work was completed					
D. Cr	edit Information Check the box to indicate the elect a This credit is claimed based or b This credit is claimed based or	tion chosen: when the rehabilitation when the expenditures	work was completed are paid		1b			
D. Cr	edit Information Check the box to indicate the elect a This credit is claimed based or b This credit is claimed based or c Enter the date on which the 24	tion chosen: when the rehabilitation when the expenditures or 60-month measuring	work was completed are paid		1b		D D Y Y Y	
D. Cro	edit Information Check the box to indicate the elect a This credit is claimed based or b This credit is claimed based or c Enter the date on which the 24 d Enter the date on which the 24	tion chosen: when the rehabilitation when the expenditures or 60-month measuring or 60-month measuring	work was completed are paid		1b 1c	M M 7	D D Y Y Y	
D. Cr	edit Information Check the box to indicate the elect a This credit is claimed based or b This credit is claimed based or c Enter the date on which the 24	tion chosen: when the rehabilitation when the expenditures or 60-month measuring or 60-month measuring ditures incurred on the p	work was completed are paid		1b 1c 1d 1e	<u>M</u> M 7	0.	

Form HR-T	2022

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C.PACIT	intorma	ation	Contin	HEN

3	If the credit is required to be claimed ratably ov Schedule HR-5):	er a five-year period, enter the amount of credit	claime	ed each year (from
	a 2022 – Multiply line 2 by 20% (.20)	3a <u>00</u>		
	b 2023 – Multiply line 2 by 20% (.20)	3b		
	c 2024 – Multiply line 2 by 20% (.20)	3c <u>.00</u>		
	d 2025 – Multiply line 2 by 20% (.20)	3d <u>.00</u>		
	e 2026 – Multiply line 2 by 20% (.20)	3e <u>.00</u>		
	f Total (add lines 3a through 3e)		3f	.00
4	Historic rehabilitation credit passed through or to	ansferred from other taxpayers or entities:		
	4a Entity Name			
	FEIN A	mount		
	4b Entity Name			
	FEIN A			
4c	Total credits from additional schedule	4c .00		
4d			4d	.00
5	Carryover of unused supplement to the federal I	nistoric rehabilitation tax credits	5	.00
6	Total credits available to be transferred. If the tra	ansition rule applies add lines 2, 4d and 5.		
	If the transition rule does not apply, add lines 3f,	4d and 5	6	.00
7	Amount of credit from line 6 to be transferred .		7	.00
E. Sig	nature of Transferor or Authorized Rep	resentative		
an	ereby certify that to the best of my knowledge and d are qualified under section 47(c)(2) of the Inter ome or franchise tax under s. 71.02, 71.08, 71.2	rnal Revenue Code and 2) the above-listed tran		
Print Na	ame	Signature	Da	ate