

D. Credit Information Continued

- 3** If the credit is required to be claimed ratably over a five-year period, enter the amount of credit claimed each year (from Schedule HR-5):
- a** 2022 – Multiply line 2 by 20% (.20) **3a** _____ **.00**
 - b** 2023 – Multiply line 2 by 20% (.20) **3b** _____ **.00**
 - c** 2024 – Multiply line 2 by 20% (.20) **3c** _____ **.00**
 - d** 2025 – Multiply line 2 by 20% (.20) **3d** _____ **.00**
 - e** 2026 – Multiply line 2 by 20% (.20) **3e** _____ **.00**
 - f** Total (add lines 3a through 3e) **3f** _____ **.00**
- 4** Historic rehabilitation credit passed through or transferred from other taxpayers or entities:
- 4a Entity Name _____
- FEIN _____ Amount _____ **.00**
- 4b Entity Name _____
- FEIN _____ Amount _____ **.00**
- 4c** Total credits from additional schedule **4c** _____ **.00**
- 4d** Total credits (add lines 4a through 4c) **4d** _____ **.00**
- 5** Carryover of unused supplement to the federal historic rehabilitation tax credits **5** _____ **.00**
- 6** Total credits available to be transferred. If the transition 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. Signature of Transferor or Authorized Representative

I hereby certify that to the best of my knowledge and belief 1) the above-listed expenditures were paid during the period specified and are qualified under section 47(c)(2) of the Internal Revenue Code and 2) the above-listed transferee is subject to Wisconsin income or franchise tax under s. 71.02, 71.08, 71.23, or 71.43, Wis. Stats.

Print Name	Signature	Date
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