

Department of Revenue

Transfer of Supplement to the Federal Historic Rehabilitation Credit

2023

A. Transferor Information

Entity Legal Name (if applicable)					Federal Employer ID Number		
Legal Last Name	Legal First Name		M.I.	Social Security Number XXX - XX -			
Address						Suite Number	
City				State	Zip Code		
Email		Phone Number					
If LLC, how is LLC classified? Part	nership Corporati	ion Disregarde	ed entity				
Check if you want to allow the cont	act person listed below to	discuss information abou	ut this for	m with th	ne departi	ment	
Contact Person (May need Power of Attorney. See	Instructions)	Email					
B. Rehabilitated Property							
Address							
City				State Zip Code			
C. Transferee Information							
Entity Legal Name (if applicable)				Federal Employer ID Number XX - XXX		Number — — — —	
Legal Last Name	Legal First Name		M.I.	Social Security Number XXX - XX			
If LLC, how is LLC classified?	nership Corporati	ion Disregarde	ed entity				
Credit Information							
D. Credit Information1 Check the box to indicate the ele	action chosen:						
a This credit is claimed based of		work was completed		1a			
	· · · · · · · · · · · · · · · · · · ·						
c Enter the date on which the 2	.4- or 60-month measuring	g period begins		10	<u>M</u> <u>M</u>	D D Y Y	
d Enter the date on which the 2							
e Enter the total qualifying expe	enditures incurred on the p	project to date		1e		.0	
f Enter the qualified rehabilitati for the current taxable year .				1f		.0	
2 Enter 20% of the amount on line	1f, round to the nearest d	lollar		2		.0	

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1)	C.PACIT	intormation	Continued

3	If the credit is required to be claimed ratably over Schedule HR-5):	a five-year period, enter the amount of credit	claimed e	ach year (from
	a 2023 – Multiply line 2 by 20% (.20)	3a <u>.00</u>		
	b 2024 – Multiply line 2 by 20% (.20)	3b		
	c 2025 – Multiply line 2 by 20% (.20)	3c <u>.00</u>		
	d 2026 – Multiply line 2 by 20% (.20)	3d <u>.00</u>		
	e 2027 – Multiply line 2 by 20% (.20)	3e		
	f Total (add lines 3a through 3e)		3f	.00
4	Historic rehabilitation credit passed through or translate Entity Name	nsferred from other taxpayers or entities:		
	FEIN Am	ount .00		
	4b Entity Name			
	FEIN Am			
4c	Total credits from additional schedule	4c		
4d	Total credits (add lines 4a through 4c)		4d	.00
5	Carryover of unused supplement to the federal his	storic rehabilitation tax credits	5	.00
6	Total credits available to be transferred. If the tran If the transition rule does not apply, add lines 3f, 4		6	.00.
7	Amount of credit from line 6 to be transferred		7	.00
E. Sig	nature of Transferor or Authorized Repre	sentative		
and inc	ereby certify that to the best of my knowledge and d d are qualified under section 47(c)(2) of the Interno ome or franchise tax under s. 71.02, 71.08, 71.2 other person who is subject to Wisconsin income	al Revenue Code and 2) the above-listed trar 3, or 71.43, Wis. Stats. or is selling or other	sferee is s wise trans	subject to Wisconsin sferring the credit to
Print Na	ame Sig	nature	Date	