

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** 2023 – Multiply line 2 by 20% (.20) **3a** _____ **.00**
 - b** 2024 – Multiply line 2 by 20% (.20) **3b** _____ **.00**
 - c** 2025 – Multiply line 2 by 20% (.20) **3c** _____ **.00**
 - d** 2026 – Multiply line 2 by 20% (.20) **3d** _____ **.00**
 - e** 2027 – 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. or is selling or otherwise transferring the credit to another person who 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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