

A. Claimant Information

1. Name		2. FEIN or SSN XX - XXX - ____ - ____ - ____	
3. Address			Suite Number
4. City		State	Zip Code
5. Email		Phone Number	
6. Check if the credit is being transferred by a single owner of a disregarded entity: <input type="checkbox"/>		7. Disregarded entity FEIN XX - XXX - ____ - ____ - ____	
8. Check if you want to allow the contact person listed below to discuss information about this form with the department: <input type="checkbox"/>			
9. Contact Person (May need Power of Attorney. See Instructions)		Email	

B. Rehabilitated Property

1. Name of the Property		
2. Address of the Rehabilitated Property		
3. City	State	Zip Code

C. Credit Information

1 Total credit being claimed (add lines 3k or 3o, 4j, 5e and 6) **1** _____ .00

Fiduciaries Only:

a Prorate the credit from line 1 between the entity and its beneficiaries in proportion to the income allocable to each. Enter the beneficiary's portion **1a** _____ .00

b Subtract line 1a from line 1. This is the estate's or trust's portion of the credit **1b** _____ .00

2 The credit being claimed is the total of the following: **Check all that apply**

a The credit was calculated from rehabilitation expenditures incurred by the claimant as owner of the historic property. If this box is checked, line 3 is completed **2a**

b The credit was allocated to the claimant as owner of a pass-through entity. If this box is checked line 4 is completed **2b**

c The claimant received the credit as a transferee in a credit transfer approved by the Department of Revenue. If this box is checked line 5 is completed **2c**

3 Claimant is Owner of the Rehabilitated Property

For credits claimed for the first time on this form:

a Enter the WEDC Contract number associated with this credit . . . **3a** _____

b Enter adjusted basis in the historic property prior to incurring QREs. **3b** _____ .00

c The credit is calculated in the year the expenditures are paid **3c**

d The credit is calculated in the year the rehabilitation property is placed in service **3d**

e Enter the adjusted basis at the beginning of the measuring period (see the instructions). . . . **3e** _____ .00

f Enter the date on which the 24- or 60-month measuring period begins. **3f** _____
M M D D Y Y Y Y

g Enter the date on which the 24- or 60-month measuring period ends **3g** _____
M M D D Y Y Y Y

3 Claimant is Owner of the Rehabilitated Property (Cont.)

h	Enter the total qualifying expenditures incurred on the project to date	3h	_____	.00
i	Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year	3i	_____	.00
j	Enter 20% of the amount on line 3i rounded to nearest dollar. This is the total credit required to be claimed over 5 years beginning in this year	3j	_____	.00
k	Enter the amount from line 3(j) being claimed and transferred	3k	_____	.00
i.	Credit available in 2024 (Multiply line 3k by 20%)	4a	_____	.00
ii.	Credit available in 2025 (Multiply line 3k by 20%)	4b	_____	.00
iii.	Credit available in 2026 (Multiply line 3k by 20%)	4c	_____	.00
iv.	Credit available in 2027 (Multiply line 3k by 20%)	4d	_____	.00
v.	Credit available in 2028 (Multiply line 3k by 20%)	4e	_____	.00

For credits claimed on a Schedule HR in a previous year but not transferred until the current year:

l	Enter the WEDC Contract number associated with this credit	3l	_____	
m	Enter the total credit amount required to be spread over 5 years	3m	_____	.00
n	Enter the first tax year the credit was reported on Schedule HR	3n	_____	
o	Enter the amount from line 3(m) being claimed and transferred in the current year.	3o	_____	.00
p	Total credit claimed as a property owner (add lines 3(k) and 3(o)).	3p	_____	.00

4 Historic Rehabilitation Credit Calculated using QREs Allocated from a Pass-through Entity

a	Enter the WEDC contract number associated with this credit	4a	_____	
b	Entity Name _____ FEIN _____			
c	The credit is calculated in the year the rehabilitation property is placed in service	4c	_____	
d	The credit is calculated in the year the expenditures are paid	4d	_____	
e	The first tax year-end the claimant received an allocation	4e	_____	
f	The last tax year-end the claimant received an allocation	4f	_____	
g	The total credit allocated to the claimant	4g	_____	.00
h	Enter the amount of the credit from line 4(g) previously claimed	4h	_____	.00
i	Subtract 4(h) from 4(g), this is the amount of the credit not yet claimed	4i	_____	.00
j	Enter the amount from line 4(h) being claimed because it is being transferred	4j	_____	.00

5 Historic Rehabilitation Credit Received in a Previous Transfer

a	Transferor Name _____ Wisconsin Tax Account # _____			
b	Total received in previous transfer \$ _____ Year previous transfer received _____			
c	Enter the date on the Notice of Certification issued for the previous transfer.	5c	_____	
d	Previously received transfer required to be claimed over 5 years	5d	_____	.00
e	Amount of previously received credit being transferred in the current year	5e	_____	.00

6	Total credits from other Schedules HR-5	6	_____	.00
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