

Part II State Historic Rehabilitation Credit – Individuals Only

12 Check the box to indicate the election chosen:

- a** This credit is claimed based on when the rehabilitation work was completed. **12a**
- b** This credit is claimed based on when the costs are paid **12b**
- c** Enter the total qualifying costs incurred on the project to date **12c** _____ .00

13 Enter qualified preservation costs on which the credit is computed for each project below, but do not enter more than \$40,000 per project (\$20,000 if married filing separate)

- a** Project 1. **Include WHS certification - see instructions** . . . **13a** _____ .00
- b** Project 2. **Include WHS certification - see instructions** . . . **13b** _____ .00
- c** Project 3. **Include WHS certification - see instructions** . . . **13c** _____
- d** Project 4. **Include WHS certification - see instructions** . . . **13d** _____ .00
- e** Project 5. **Include WHS certification - see instructions** . . . **13e** _____ .00
- f** Project 6. **Include WHS certification - see instructions** . . . **13f** _____ .00
- g** Total (add lines 13a through 13f) **13g** _____ .00

14 Enter 25% of the amount on line 13g **14** _____ .00

15 Carryover of unused state historic rehabilitation credit. Include Schedule CR **15** _____ .00

16 Add lines 14 and 15. This is the available state historic rehabilitation credit. **Include Schedule CF** if the credit was not fully used. **16** _____ .00

Part III Transfer of Supplement to the Federal Historic Rehabilitation Tax Credit

1 Complete the following information regarding the transfer in Part 24 of the supplement to the federal historic rehabilitation tax credit.

1a Person Eligible to Claim the Supplement to the Federal Historic Rehabilitation Tax Credit:

| | | | | |
|-------------------|--|------------|--------------------|----------|
| Last Name | | First Name | | M.I. |
| Business Name | | | Identifying Number | |
| Number and Street | | | | |
| City | | | State | Zip Code |

1b Recipient of Transferred Supplement to the Federal Historic Rehabilitation Tax Credit:

| | | | | |
|-------------------|--|------------|--------------------|----------|
| Last Name | | First Name | | M.I. |
| Business Name | | | Identifying Number | |
| Number and Street | | | | |
| City | | | State | Zip Code |

1c Transferred Amount. **1c** _____ .00



DRAFT 09-03-2024