

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	City	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 rehabilitation property is placed in service **3c**

d The credit is calculated in the year the expenditures are paid **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 20__ (Multiply line 3k by 20%)		_____	.00
ii.	Credit available in 20__ (Multiply line 3k by 20%)		_____	.00
iii.	Credit available in 20__ (Multiply line 3k by 20%)		_____	.00
iv.	Credit available in 20__ (Multiply line 3k by 20%)		_____	.00
v.	Credit available in 20__ (Multiply line 3k by 20%)		_____	.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(i) 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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