

**Community Rehabilitation  
Program Credit**

**2011**

Wisconsin Department  
of Revenue

Enclose with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

*Read instructions before filling in this form*

Name	Identifying Number
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**Caution: This credit may only be claimed for taxable years beginning on or after August 1, 2011.**

**Part I – To be completed by claimant**

- 1 Enter amount paid in the taxable year to a community rehabilitation program to perform work for your business. Do not fill in more than \$500,000 **1** \_\_\_\_\_
- 2 Multiply line 1 by 5% (0.05). . . . . **2** \_\_\_\_\_
- 3 If you paid an amount to more than one community rehabilitation program to perform work for your business, fill in the amount from line 2 of any additional Schedules CM . . . . . **3** \_\_\_\_\_
- 4 Enter community rehabilitation program credit passed through from other entities . . . . . **4** \_\_\_\_\_
- 5 Add lines 2, 3, and 4. This is your 2011 credit (see instructions) . . . . . **5** \_\_\_\_\_
- 5a Fiduciaries – enter the amount of credit allocated to beneficiaries . . . . . **5a** \_\_\_\_\_
- 5b Fiduciaries – subtract line 5a from line 5 . . . . . **5b** \_\_\_\_\_

**Part II – To be completed by the community rehabilitation program**

- 1 Name and address of entity providing the community rehabilitation program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2 Name of entity for which work was provided \_\_\_\_\_
- 3 Fiscal year of entity beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20 \_\_\_\_\_
- 4 Date contract signed \_\_\_\_\_
- 5 Total payments received during the period listed in 3 above \_\_\_\_\_
- 6 Amount of payments in 5 above that was for work performed \_\_\_\_\_

**Sign Here** 

Authorized community rehabilitation program representative

Date