

**Electronic Medical Records  
Credit - Certification**

Wisconsin Department  
of Revenue

**Due Date:** January 31, 2013

**2012**

**A. Business Information**

Check (✓) if this is an AMENDED return.

Entity Legal Name (if applicable)			Federal Employer ID Number	
Legal Last Name	Legal First Name	M.I.	Social Security Number	
Number and Street				Suite Number
City			State	Zip Code
Contact Person		Position		
Phone Number		E-mail		

**For Parts B & C:** *Calendar year filers* – Fill in purchases from January 1, 2012 thru December 31, 2012.  
*Fiscal year filers* – Fill in purchases from your fiscal year beginning in 2012 thru December 31, 2012.

**B. Qualified Medical Record Software Purchased**

<u>Product Name</u>	<u>CHPL Product Number</u>	<u>Amount Paid</u>
1 _____	① _____	① _____ .00
2 _____	② _____	② _____ .00
3 _____	③ _____	③ _____ .00
4 _____	④ _____	④ _____ .00
5 _____	⑤ _____	⑤ _____ .00
6 _____	⑥ _____	⑥ _____ .00
7 _____	⑦ _____	⑦ _____ .00
8 Total additional purchases reported on attached schedule .....	⑧	⑧ _____ .00
9 Total qualified medical record software purchases (add lines B1 through B8) .....	⑨	⑨ _____ .00

**C. Qualified Medical Record Hardware Purchased**

<u>Product Category</u>	<u>Amount Paid</u>
1 Servers: _____	① _____ .00
2 Computers/Notebooks: _____	② _____ .00
3 Printers: _____	③ _____ .00
4 Other: _____	④ _____ .00
5 Total qualified medical record hardware purchases (add lines C1 through C4) .....	⑤ _____ .00

**D. Signature**

I hereby certify that to the best of my knowledge and belief the above-listed purchases are for information technology software certified by the Office of the National Coordinator for Health Information Technology and hardware used to run or access certified software.

Print Name	Signature (unless submitted electronically)	Date
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**If you are not filing this schedule electronically, mail it to:**

Wisconsin Department of Revenue  
Electronic Medical Records Credit  
PO Box 8932  
Madison WI 53708-8932