

Name	Identifying Number
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Address of Rehabilitated Property

City	State	Zip Code
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**Part I Supplement to the Federal Historic Rehabilitation Tax Credit**

**1** Enter adjusted basis in the building on the first day of the rehabilitation period . . . . . **1** \_\_\_\_\_

**2a** Check the box to indicate the election chosen (Note: You must claim the credit at the same time as for federal purposes, unless the credit is transferred from another taxpayer):

This credit is claimed based on when the rehabilitation work was completed . . . . .

This credit is claimed based on when the expenditures are paid.. . . .

Enter the total qualifying expenditures incurred on the project to date. . . . . **2a** \_\_\_\_\_

**2b** Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year . . . . . **2b** \_\_\_\_\_

**3** Enter 20% of amount on line 2b, round to the nearest dollar. . . . . **3** \_\_\_\_\_

**4** Historic rehabilitation credit passed through from other entities:

**4a** Entity Name \_\_\_\_\_

FEIN \_\_\_\_\_ Amount **4a** \_\_\_\_\_

**4b** Entity Name \_\_\_\_\_

FEIN \_\_\_\_\_ Amount **4b** \_\_\_\_\_

**4c** Total pass through credits from additional schedule. **4c** \_\_\_\_\_

**4d** Total credits (add lines 4a through 4c) . . . . . **4d** \_\_\_\_\_

**5** Fill in the amount of credit transferred from other taxpayers in 2014 . . . . . **5** \_\_\_\_\_

**6** Add lines 3, 4d, and 5. This is your 2014 credit . . . . . **6** \_\_\_\_\_

**6a** Fiduciaries - enter the amount of credit allocated to beneficiaries . . . . . **6a** \_\_\_\_\_

**6b** Fiduciaries - subtract line 6a from line 6. . . . . **6b** \_\_\_\_\_

**7** Carryover of unused supplement to the federal historic rehabilitation tax credit. . . . . **7** \_\_\_\_\_

**8** Add lines 6 and 7 (lines 6b and 7 if fiduciary). . . . . **8** \_\_\_\_\_

**9** Fill in the amount of credit transferred to other taxpayers in 2014 . . . . . **9** \_\_\_\_\_

**10** Subtract line 9 from line 8. This is the available supplement to the federal historic rehabilitation tax credit . . . . . **10** \_\_\_\_\_

**Part II State Historic Rehabilitation Credit – Individuals Only**

- 11a** Check the box to indicate the election chosen:
- This credit is claimed based on when the rehabilitation work was completed .....
  - This credit is claimed based on when the costs are paid .....
  - Enter the total qualifying costs incurred on the project to date ..... **11a** \_\_\_\_\_
- 11b** Enter the qualified preservation costs on which the credit is computed for the current taxable year . **11b** \_\_\_\_\_
- 12** Enter 25% of amount on line 11b, but not more than \$10,000 (\$5,000 if married filing a separate return) round to the nearest dollar ..... **12** \_\_\_\_\_
- 13** Carryover of unused state historic rehabilitation credit. .... **13** \_\_\_\_\_
- 14** Add lines 12 and 13. This is the available state historic rehabilitation credit ..... **14** \_\_\_\_\_

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

**1** Complete the following information regarding the transfer in 2014 of the supplement to the federal historic rehabilitation tax credit.

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

Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City _____	State _____	Zip Code _____
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**1b** Recipient of Transferred Supplement to the Federal Historic Rehabilitation Tax Credit:

Name \_\_\_\_\_

Number and Street \_\_\_\_\_

City _____	State _____	Zip Code _____
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**1c** Transferred Amount ..... **1c** \_\_\_\_\_ .00