

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

|      |                    |
|------|--------------------|
| Name | Identifying Number |
|------|--------------------|

Address of Rehabilitated Property \_\_\_\_\_

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

**Part I Supplement to the Federal Historic Rehabilitation Tax Credit**

|           |   |           |                          |
|-----------|---|-----------|--------------------------|
| <b>1</b>  | Enter adjusted basis in the building on the first day of the rehabilitation period . . . . .  | <b>1</b>  | .00                      |
| <b>2</b>  | 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): |           |                          |
| <b>a</b>  | This credit is claimed based on when the rehabilitation work was completed . . . . .  | <b>2a</b> | <input type="checkbox"/> |
| <b>b</b>  | This credit is claimed based on when the expenditures are paid. . . . .   | <b>2b</b> | <input type="checkbox"/> |
| <b>c</b>  | Enter the total qualifying expenditures incurred on the project to date . . . . .   | <b>2c</b> | .00                      |
| <b>d</b>  | Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year . . . . .  | <b>2d</b> | .00                      |
| <b>3</b>  | Enter 20% of amount on line 2d, round to the nearest dollar. . . . .  | <b>3</b>  | .00                      |
| <b>4</b>  | Historic rehabilitation credit passed through from other entities:  |           |                          |
| <b>4a</b> | Entity Name _____   |           |                          |
|           | FEIN _____ Amount <b>4a</b> _____   |           | .00                      |
| <b>4b</b> | Entity Name _____   |           |                          |
|           | FEIN _____ Amount <b>4b</b> _____   |           | .00                      |
| <b>4c</b> | Total pass through credits from additional schedule. <b>4c</b> _____  |           | .00                      |
| <b>4d</b> | Total credits (add lines 4a through 4c) . . . . .   | <b>4d</b> | .00                      |
| <b>5</b>  | Fill in the amount of credit transferred from other taxpayers in 2015 . . . . .   | <b>5</b>  | .00                      |
| <b>6</b>  | Add lines 3, 4d, and 5. This is your 2015 credit . . . . .  | <b>6</b>  | .00                      |
| <b>6a</b> | Fiduciaries - enter the amount of credit allocated to beneficiaries . . . . .   | <b>6a</b> | .00                      |
| <b>6b</b> | Fiduciaries - subtract line 6a from line 6. . . . .   | <b>6b</b> | .00                      |
| <b>7</b>  | Carryover of unused supplement to the federal historic rehabilitation tax credit. . . . .   | <b>7</b>  | .00                      |
| <b>8</b>  | Add lines 6 and 7 (lines 6b and 7 if fiduciary). . . . .  | <b>8</b>  | .00                      |
| <b>9</b>  | Fill in the amount of credit transferred to other taxpayers in 2015 . . . . .   | <b>9</b>  | .00                      |
| <b>10</b> | Subtract line 9 from line 8. This is the available supplement to the federal historic rehabilitation tax credit . . . . .   | <b>10</b> | .00                      |



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

- 11** Check the box to indicate the election chosen:
- a** This credit is claimed based on when the rehabilitation work was completed. . . . . **11a**
  - b** This credit is claimed based on when the costs are paid . . . . . **11b**
  - c** Enter the total qualifying costs incurred on the project to date . . . . . **11c** \_\_\_\_\_ .00
  - d** Enter the qualified preservation costs on which the credit is computed for the current taxable year . . . . . **11d** \_\_\_\_\_ .00
- 12** Enter 25% of amount on line 11d, but not more than \$10,000 (\$5,000 if married filing a separate return) round to the nearest dollar . . . . . **12** \_\_\_\_\_ .00
- 13** Carryover of unused state historic rehabilitation credit . . . . . **13** \_\_\_\_\_ .00
- 14** Add lines 12 and 13. This is the available state historic rehabilitation credit . . . . . **14** \_\_\_\_\_ .00

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

**1** Complete the following information regarding the transfer in 2015 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     |            |          |
| 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

