

Community Rehabilitation Program Credit

2012

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

Wisconsin Department of Revenue

Read instructions before filling in this form

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

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 2012 credit (see instructions). **5** _____
- 5a Fiduciaries – enter the amount of credit allocated to beneficiaries **5a** _____
- 5b Fiduciaries – subtract line 5a from line 5 **5b** _____
- 6 Carryover of unused community rehabilitation program credit **6** _____
- 7 Add lines 5 and 6 (lines 5b and 6 if fiduciary). This is the available community rehabilitation program credit. **7** _____

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 Taxable year of entity beginning _____, 2012, 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