Schedule EM-C

Electronic Medical Records Credit - Certification

Wisconsin Department of Revenue

Due Date: January 31, 2014

2013

A. Business Information			L	Che	ck (✓) if	this is an	AMENDED retur	
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	r and fiscal y	<i>rear filers</i> – Fill in p	urchases from January 1, 2	2013 thr	u Dece	mber 31	, 2013.	
3. Qualified Medical Record	Software Pu	ırchased						
Product Name			CHPL Product Num	<u>nber</u>	Amount Paid			
1		(1))		(1)		.0	
2					_		.С	
3					.0.			
5($-\check{4}$.0.	
				<u> </u>		.0		
				_ ៊				
7					~		.0	
8 Total additional purchases re	eported on a	ttached schedule			(8)			
9 Total qualified medical record								
C. Qualified Medical Record I	Hardware P	urchased						
Product Category						Am	nount Paid	
1 Servers:					(1)		.0	
2 Computers/Notebooks:							0.	
3 Printers:					— ③ ③		.0	
4 Other:							.0	
5 Total qualified medical record	d hardware ¡	ourchases (add line	es C1 through C4)		_		.0	
D. Signature								
	e Office of t		belief the above-listed purd inator for Health Information					
Print Name		Signa	ture (unless submitted electronically	y)		С	Date	

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