

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