Schedule CM

Community Rehabilitation Program Credit

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

2012

Identifying Number

Wisconsin Department of Revenue

Name

Read instructions before filling in this form

program Multiply If you perform addition Enter or entities Add lin Add lin Carryo Add lin communicate I Name a	r amount paid in the taxable year to a compam to perform work for your business. Do not ply line 1 by 5% (0.05)	not fill in more than \$500,000 nity rehabilitation program ount from line 2 of any		
If you part to perform addition Enter or entities Add lin Fiducia Carryo Add lin communicate II – To Name a	paid an amount to more than one communiform work for your business, fill in the amounal Schedules CM	nity rehabilitation program ount from line 2 of any	2	
to perfer addition 4 Enter of entities 5 Add lin 5a Fiducia 6 Carryo 7 Add lin 6 communicate II – To I Name a	rform work for your business, fill in the ame onal Schedules CM	ount from line 2 of any		
entities Add lin Fiducia Carryo Add lin commu			3	
5 Add lin 5a Fiducia 5b Fiducia 6 Carryo 7 Add lin commu			4	
5a Fiducia 5b Fiducia 6 Carryo 7 Add lin commu	98			
Fiducia Carryo Add lin commu	ines 2, 3, and 4. This is your 2012 credit (
7 Add lin commu	siaries – enter the amount of credit allocate			
7 Add lin commu	Fiduciaries – subtract line 5a from line 5			
art II – To 1 Name a			·	
art II – To 1 Name a	ines 5 and 6 (lines 5b and 6 if fiduciary). T nunity rehabilitation program credit		7	
	e and address of entity providing the comm			
2 Name				
	e of entity for which work was provided			
3 Taxable	ole year of entity beginning	, 2012, and ending		, 20
	a a m t m a at a la m a al			
5 Total pa	payments received during the period listed			
6 Amoun	unt of payments in 5 above that was for wor	k performed		
4 Date co5 Total pa	contract signed payments received during the period listed	in 3 above		