

Community Rehabilitation Program Credit

2016

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

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** Community rehabilitation program credit passed through from other entities:
 - 4a** Entity Name _____
 FEIN _____ Amount **4a** _____
 - 4b** Entity Name _____
 FEIN _____ Amount **4b** _____
 - 4c** Total pass through credits from additional schedule. **4c** _____
 - 4d** Total credits (add lines 4a through 4c) **4d** _____
- 5** Add lines 2, 3, and 4d. This is your 2016 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

| | | |
|-------------------|-------|--------------|
| Name | | |
| Number and Street | | Suite Number |
| City | State | Zip Code |


2 Name of entity for which work was provided _____

3 Taxable year of entity beginning and ending

4 Date contract signed

5 Total payments received during the period listed in 3 above **5** _____

6 Amount of payments in 5 above that was for work performed **6** _____

Sign Here  Authorized community rehabilitation program representative Date
