

Name _____ Identifying Number _____

Address of Rehabilitated Property _____

City _____ State _____ Zip Code _____

Part I Supplement to the Federal Historic Rehabilitation Tax Credit

1 Enter adjusted basis in the building on the first day of the rehabilitation period **1** _____ .00

2 Check the box to indicate the election chosen (Note: You must claim the credit at the same time as for federal purposes, unless the credit is transferred from another taxpayer):

a This credit is claimed based on when the rehabilitation work was completed **2a**

b This credit is claimed based on when the expenditures are paid. **2b**

c Enter the date on which the 24- or 60-month measuring period begins. **2c** _____
M M D D Y Y Y Y

d Enter the date on which the 24- or 60-month measuring period ends **2d** _____
M M D D Y Y Y Y

e Enter the total qualifying expenditures incurred on the project to date **2e** _____ .00

f Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year. **2f** _____ .00

3 Enter 20% of the amount on line 2f, round to the nearest dollar. **3** _____ .00

4 Enter 20% of the amount on line 3; if the transition rule applies, enter the amount from line 3 . **4** _____ .00

5 Historic rehabilitation credit passed through from other entities:

5a Entity Name _____
FEIN _____ Amount **5a** _____ .00

5b Entity Name _____
FEIN _____ Amount **5b** _____ .00

5c Total pass through credits from additional schedule. **5c** _____ .00

5d Total credits (add lines 5a through 5c) **5d** _____ .00

6 Fill in the amount of credit transferred from other taxpayers in 2018 **6** _____ .00

7 Add lines 4, 5d, and 6. This is your 2018 credit **7** _____ .00

7a Fiduciaries - enter the amount of credit allocated to beneficiaries **7a** _____ .00

7b Fiduciaries - subtract line 7a from line 7. **7b** _____ .00

8 Carryover of unused supplement to the federal historic rehabilitation tax credit. **Include Schedule CF** **8** _____ .00

9 Add lines 7 and 8 (lines 7b and 8 if fiduciary). **9** _____ .00

10 Fill in the amount of credit transferred to other taxpayers in 2018 **10** _____ .00

11 Subtract line 10 from line 9. This is the available supplement to the federal historic rehabilitation tax credit. **Include Schedule CF** if the credit was not used in full **11** _____ .00



Part II State Historic Rehabilitation Credit – Individuals Only

12 Check the box to indicate the election chosen:

a This credit is claimed based on when the rehabilitation work was completed	12a	<input type="checkbox"/>	
b This credit is claimed based on when the costs are paid	12b	<input type="checkbox"/>	
c Enter the total qualifying costs incurred on the project to date	12c		_____ .00
d Enter the qualified preservation costs on which the credit is computed for the current taxable year	12d		_____ .00

13 Enter 25% of amount on line 12d, but not more than \$10,000 (\$5,000 if married filing a separate return) round to the nearest dollar **13** _____ .00

14 Carryover of unused state historic rehabilitation credit. **Include Schedule CF** **14** _____ .00

15 Add lines 13 and 14. This is the available state historic rehabilitation credit. **Include Schedule CF** if the credit was not used in full. **15** _____ .00

Part III Transfer of Supplement to the Federal Historic Rehabilitation Tax Credit

1 Complete the following information regarding the transfer in 2018 of the supplement to the federal historic rehabilitation tax credit.

1a Person Eligible to Claim the Supplement to the Federal Historic Rehabilitation Tax Credit:

Last Name	First Name	M.I.
Business Name		
Number and Street		
City	State	Zip Code

1b Recipient of Transferred Supplement to the Federal Historic Rehabilitation Tax Credit:

Last Name	First Name	M.I.
Business Name	Identifying Number	
Number and Street		
City	State	Zip Code

1c Transferred Amount **1c** _____ .00

