A. Transferor Information

Entity Legal Name (if applicable)			Federal Employer ID Number XX - XXX				
Legal Last Name	Legal First Name		M.I.	Social Security Number XXX - XX -		er	
Address			1			Suite Number	
City				State	Zip Code		
Email Phone Number							
If LLC, how is LLC classified?							
Check if you want to allow the contact person listed below to discuss information about this form with the department							
Contact Person (May need Power of Attorney. See Instru	uctions)	Email					

B. Rehabilitated Property

Address		
City	State	Zip Code

C. Transferee Information

Entity Legal Name (if applicable)			Federal Employer ID Number
			XX - XXX
Legal Last Name	Legal First Name	M.I.	Social Security Number
			XXX - XX
If LLC, how is LLC classified?	p Corporation Disregard	ed entity	

D. Credit Information

1 Check the box to indicate the election chosen:

а	This credit is claimed based on when the rehabilitation work was completed	1a					
	This credit is claimed based on when the expenditures are paid						
С	Enter the date on which the 24- or 60-month measuring period begins	1c	<u></u>	 	<u></u>	Y .	Y Y
d	Enter the date on which the 24- or 60-month measuring period ends	1d	<u></u>	 	<u> </u>	Y .	<u>y</u> <u>y</u>
	Enter the total qualifying expenditures incurred on the project to date						.00
f	Enter the qualified rehabilitation expenditures on which the credit is computed for the current taxable year	1f					.00
Er	nter 20% of the amount on line 1f, round to the nearest dollar	2					.00

2

D. Credit Information Continued

3 If the credit is required to be claimed ratably over a five-year period, enter the amount of credit claimed each year (from Schedule HR-5):

	a 2023 – Multiply line 2 by 20% (.20) 3a .00		
	b 2024 – Multiply line 2 by 20% (.20) 3b		
	c 2025 – Multiply line 2 by 20% (.20) 3c00		
	d 2026 – Multiply line 2 by 20% (.20) 3d		
	e 2027 – Multiply line 2 by 20% (.20) 3e		
	f Total (add lines 3a through 3e)	3f00)
4	Historic rehabilitation credit passed through or transferred from other taxpayers or entities:		
	4a Entity Name		
	FEIN Amount00		
	4b Entity Name		
	FEIN Amount00		
4c	Total credits from additional schedule 4c00		
4d	Total credits (add lines 4a through 4c)	4d00)
5	Carryover of unused supplement to the federal historic rehabilitation tax credits	500)
6	Total credits available to be transferred. If the transition rule applies add lines 2, 4d and 5.		
	If the transition rule does not apply, add lines 3f, 4d and 5	600)
7	Amount of credit from line 6 to be transferred	700)

E. Signature of Transferor or Authorized Representative

] I hereby certify that to the best of my knowledge and belief 1) the above-listed expenditures were paid during the period specified and are qualified under section 47(c)(2) of the Internal Revenue Code and 2) the above-listed transferee is subject to Wisconsin income or franchise tax under s. 71.02, 71.08, 71.23, or 71.43, Wis. Stats. or is selling or otherwise transferring the credit to another person who is subject to Wisconsin income or franchise tax under s. 71.02, 71.08, 71.23, or 71.43, Wis.

Print Name	Signature	Date