

Wisconsin Qualified Opportunity Fund Certificate

Part I: Wisconsin Qualified Opportunity Fund's Information

Name of Corporation or Partnership		FEIN	
Address	City	State	Zip Code

Check if this is an **amended** return

Part II: Certification

- 1** Type of taxpayer: Corporation Partnership
- 2** Is the taxpayer a Qualified Opportunity Fund (QOF) as defined in sec. 1400Z-2(d)(1), Internal Revenue Code, that is required to file federal Form 8996 with the Internal Revenue Service?
- No. **STOP.** Do not file this form. You are not a Wisconsin Qualified Opportunity Fund (WQOF).
 Yes. Go to line 3.
- 3** Is this the first period the taxpayer is a QOF for federal purposes?
- Yes. List the first month in which the fund chooses to be a QOF for federal purposes _____
 No.
- 4** Total Wisconsin qualified opportunity zone property held by the taxpayer on the last day of the first 6-month period of the taxpayer's tax year (see instructions) **4** _____
- 5** Total assets held by the taxpayer on the last day of the first 6-month period of the taxpayer's tax year (see instructions) **5** _____
- 6** Divide line 4 by line 5 (see instructions) **6** _____
- 7** Total Wisconsin qualified opportunity zone property held by the taxpayer on the last day of the taxpayer's tax year **7** _____
- 8** Total assets held by the taxpayer on the last day of the taxpayer's tax year **8** _____
- 9** Divide line 7 by line 8 **9** _____
- 10** Add lines 6 and 9 **10** _____
- 11** Divide line 10 by 2.0 (see instructions) **11** _____
- 12** Is the amount on line 10 equal to or greater than 0.90?
- No. **STOP.** Do not file this form. You are not a WQOF.
 Yes. By checking this box, you certify that you qualify as a WQOF as defined in sec. 71.05(25m)(a)2., Wis. Stats. Include a copy of this certificate when you file your Wisconsin income or franchise tax return and provide a copy of this certificate to each of your investors.

Note: Form WQOF must be filed with the department and a copy must be furnished to each investor by the due date, including extensions, of your corresponding Wisconsin income or franchise tax return.

I certify that the information shown on this certificate is true, correct, and complete to the best of my knowledge and belief.

Signature	Title	Date
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