

**Transfer of Supplement to the
 Federal Historic Rehabilitation Credit**

20 _____

A. Transferor Information

1. Name		2. FEIN or SSN XX - XXX - _____	
3. Address			Suite Number
4. City		State	Zip Code
5. Email		Phone Number	
6. Check if the credit is being transferred by a single owner of a disregarded entity: <input type="checkbox"/>		7. Disregarded entity FEIN XX - XXX - _____	
8. Check if you want to allow the contact person listed below to discuss information about this form with the department: <input type="checkbox"/>			
9. Contact Person (May need Power of Attorney. See Instructions)		Email	

B. Transferee Information

1. Entity Legal Name (if applicable)		2. Federal Employer ID Number XX - XXX _____	
3. Legal Last Name	Legal First Name	M.I.	4. Social Security Number XXX - XX - _____
5. If LLC, how is LLC classified? <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity			6. Federal Employer ID Number XXX - XX - _____

C. Credit Information

- 1 Total credit being claimed (add lines 3b and 4b) 1 _____ .00
- 2 The credit being claimed is the total of the following: **Check all that apply**
- a All or part of the transferred credit is reported on the attached Schedule HR-5 because the credit is required to be claimed over 5 years one of which is the current year.
 If checked complete line 3 2a
- b All or part of the transferred credit is reported on the attached Schedule HR because the credit is claimed in the year calculated which is this year. If checked complete line 4 2b
- c All or part of the transferred credit was claimed in a prior year and is included on Schedule CF 2c
- 3 **Transferred Credit reported on Schedule HR-5**
- a Enter the number of Schedules HR-5 attached to this Form HR-T. 3a _____
- b Enter the sum of Line 1 from all the attached Schedules HR-5 attached. 3b _____ .00
- 4 **Transferred Credit reported on Schedule HR**
- a Enter the number of Schedules HR attached to this Form HR-T 4a _____
- b Enter the sum of Line 1 from all the attached Schedules HR attached 4b _____ .00

D. 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. Stats.

Print Name	Signature	Date
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