

Transfer of Supplement to the Federal Historic Rehabilitation Credit

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A. Transferor Information

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1. Name						2. FEIN or SSN XX - XXX -				
3. Add	racc					XX - X	^^ _	Suite Number		
3. Add	ress							Suite Number		
4. City						State	Zip Code	Zip Code		
5. Email						Phone Number				
						7. Disrega	arded entity	FEIN		
6. Check if the credit is being transferred by a single owner of a disregarded entity:						XX - XXX				
8. Ch	eck if	f you want to allow the contact	person listed below to dis	scuss information about t	his form	with the	departm	ent:		
9. Con	tact Pe	erson (May need Power of Attorney. See	e Instructions)	Email						
B. Tr	ans	feree Information								
Entity Legal Name (if applicable)						English State See See See See See See See See				
3. Legal Last Name Legal Firs		Legal First Name	Name M.I.		4. Social Security Number					
							XXX - XX			
5. If LLC, how is LLC classified? Partnership Corporation Disregarded entity					entity	6. Federal Employer ID Number				
2 2	1 ! 4									
		t Information al credit being claimed (add lin	and the			4		00		
1						1		.00.		
2	The	e credit being claimed is the to	_							
	 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									
	b	All or part of the transferred credit is claimed in the year	credit is reported on the a	attached Schedule HR be	ecause th	he				
	c All or part of the transferred credit was claimed in a prior year and is included on Schedule CF 2c									
3	Tra	nsferred Credit reported on	Schedule HR-5							
	а	Enter the number of Schedu		Form HR-T		3a				
	b	Enter the sum of Line 1 from								
4	Tra	nsferred Credit reported on	Schedule HR							
·	а	Enter the number of Schedu		orm HR-T		4a				
	b	Enter the sum of Line 1 from								
D. Si	gna	ture of Transferor or A	uthorized Represer	ntative						
aı in	nd are	y certify that to the best of my e qualified under section 47(c, e or franchise tax under s. 71 r person who is subject to Wi)(2) of the Internal Reven 1.02, 71.08, 71.23, or 71.	ue Code and 2) the abo 43, Wis. Stats. or is se	ve-listed Iling or (d transfe otherwis	ree is su se transf	bject to Wisconsinerring the credit to		
Print N	lame		Signature				Date			
							1			