

**Employee College Savings Account
Contribution Credit**

File with Wisconsin Form 1, 1NPR, 3, 4, 4T, 5S, or 6

2024

Name _____	Identifying Number _____
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Read instructions before filling in this schedule. Round amounts to nearest dollar.

1 Enter the number of employees you made eligible college saving account contributions for **1** _____

2 Enter the total credits computed for all employees. See instructions **2** _____ **.00**

3 Employee college savings account contribution credit passed through from other entities:

3a Entity Name _____
 FEIN _____ Amount **3a** _____ **.00**

3b Entity Name _____
 FEIN _____ Amount **3b** _____ **.00**

3c Total pass through credits from additional schedule **3c** _____ **.00**

3d Total credits (add lines 3a through 3c) **3d** _____ **.00**

4 Add lines 2 and 3d. This is your 2024 employee college saving account contribution credit **4** _____ **.00**

5 Carryover of unused employee college savings account contribution credit. **Include Schedule CF** **5** _____ **.00**

6 Add lines 4 and 5. This is the available employee college savings account contribution credit. **Include Schedule CF** if the credit was not used in full **6** _____ **.00**

