

**Electronic Medical Records  
Credit**

**2012**

Wisconsin Department  
of Revenue

Enclose with Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Name _____	Identifying Number _____
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**1** Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue . . . . . **1** \_\_\_\_\_ .00

**2** Electronic medical records credit passed through from other entities

**2a** Entity Name \_\_\_\_\_  
 FEIN \_\_\_\_\_ **2a** Amount \_\_\_\_\_ .00

**2b** Entity Name \_\_\_\_\_  
 FEIN \_\_\_\_\_ **2b** Amount \_\_\_\_\_ .00

**2c** Entity Name \_\_\_\_\_  
 FEIN \_\_\_\_\_ **2c** Amount \_\_\_\_\_ .00

**2d** Entity Name \_\_\_\_\_  
 FEIN \_\_\_\_\_ **2d** Amount \_\_\_\_\_ .00

**2e** Total pass through credits from additional schedule . **2e** \_\_\_\_\_ .00

**2f** Total credits (add lines 2a through 2e) . . . . . **2f** \_\_\_\_\_ .00

**3** Add the amounts on lines 1 and 2f. This is your 2012 electronic medical records credit (see instructions) . . . . . **3** \_\_\_\_\_ .00

**3a** Fiduciaries – Fill in the amount of credit allocated to beneficiaries . . . . . **3a** \_\_\_\_\_ .00

**3b** Fiduciaries – Subtract line 3a from line 3. . . . . **3b** \_\_\_\_\_ .00

