

**Community Rehabilitation
Program Credit**

2011

Wisconsin Department
of Revenue

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

Read instructions before filling in this form

Name	Identifying Number
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Caution: This credit may only be claimed for taxable years beginning on or after August 1, 2011.

Part I – To be completed by claimant

- 1** Enter amount paid in the taxable year to a community rehabilitation program to perform work for your business. Do not fill in more than \$500,000 **1** _____
- 2** Multiply line 1 by 5% (0.05). **2** _____
- 3** If you paid an amount to more than one community rehabilitation program to perform work for your business, fill in the amount from line 2 of any additional Schedules CM **3** _____
- 4** Enter community rehabilitation program credit passed through from other entities **4** _____
- 5** Add lines 2, 3, and 4. This is your 2011 credit (see instructions) **5** _____
- 5a** Fiduciaries – enter the amount of credit allocated to beneficiaries **5a** _____
- 5b** Fiduciaries – subtract line 5a from line 5 **5b** _____

Part II – To be completed by the community rehabilitation program

- 1** Name and address of entity providing the community rehabilitation program

- 2** Name of entity for which work was provided _____
- 3** Fiscal year of entity beginning _____, 2011, and ending _____, 20_____
- 4** Date contract signed _____
- 5** Total payments received during the period listed in 3 above _____
- 6** Amount of payments in 5 above that was for work performed _____

Sign Here 

Authorized community rehabilitation program representative

Date