

State of Rhode Island Division of Taxation
Form HTC-8016
 Historic Structures Tax Credit Cost Report Detail

| | | | |
|---------------------------|-------|--|----------------|
| Name | | Federal employer identification number | |
| Address | | | |
| Address 2 | | | |
| City, town or post office | State | ZIP code | E-mail address |

Part A - Project Information

- 1 Project name: _____
- 2 Project location: _____
- 3 Project number: _____

Part B - Substantial Rehabilitation Test for projects approved prior to July 3, 2013

| | | | |
|---|---|--|--|
| 4 Total Qualified Rehabilitation Expenditures incurred during the twenty-four (24) month or sixty (60) month rehabilitation period, whichever applies | 1 | | |
| 5 Adjusted Basis of Property at the beginning of the Rehabilitation Period | 2 | | |
| 6 Substantial Rehabilitation Test. Divide line 1 by line 2. Enter percentage. If the percentage is greater than 50%, you have met the substantial rehabilitation test | 3 | | |

Part C - Substantial Rehabilitation Test for projects approved after July 3, 2013

| | | | |
|--|---|--|--|
| 7 Total Qualified Rehabilitation Expenditures incurred during the twenty-four (24) month or sixty (60) month rehabilitation period, whichever applies | 7 | | |
| 8 Adjusted Basis of Property at the beginning of the Rehabilitation Period | 8 | | |
| 9 Substantial Rehabilitation Test. Subtract line 2 from line 1. If line 9 is greater than zero, you have met the substantial rehabilitation test. If zero, or less, you have not met the substantial rehabilitation test | 9 | | |

This is a two-page form. Both pages must be completed and submitted to the Division of Taxation.
 Any ancillary costs related to a non-qualified expenditure will be considered non-qualified as well.
 Developers fees based on a percentage of total development costs will be deemed partially qualified and partially non-qualified expenditures.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------|---------------------------|-------|------------------|
| Developer signature | Print name | Date | Telephone number |
| Paid preparer signature | Print name | Date | Telephone number |
| Paid preparer address | City, town or post office | State | ZIP Code PTIN |

May the Division of Taxation contact your preparer? YES

Revised 03/2021

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|------|--|
| | |

Schedule C - Schedule of Total Costs and Rehabilitation Expenditures

| | Qualified Rehabilitation Expenditures | Non-qualified Rehabilitation Expenditures | Total Development Costs |
|----------------------------------|--|--|-------------------------|
| Accounting Fees | | | |
| Architect and Engineering | | | |
| Appraisal Fees | | | |
| Bonds, permits and fees | | | |
| Building and Land Acquisition | | | |
| Construction Costs | | | |
| Construction Inspection Fees | | | |
| Construction Period Interest | | | |
| Other Construction Costs | | | |
| Contractors Fee | | | |
| Contractors Profit | | | |
| Demolition Costs | | | |
| Developers Fee | | | |
| Developers Profit | | | |
| Disposal Services | | | |
| Electrical | | | |
| Environmental | | | |
| Historic Consulting | | | |
| Labor | | | |
| Landscaping | | | |
| Leasing Costs and Commissions | | | |
| Legal Fees | | | |
| Lighting | | | |
| Loan Fees | | | |
| Lumber | | | |
| Marketing Expenses | | | |
| Masonry | | | |
| Mortgage Interest | | | |
| Painting | | | |
| Parking Lots | | | |
| Plastering | | | |
| Plumbing | | | |
| Property Insurance | | | |
| Real Estate Taxes | | | |
| Roofing | | | |
| State Historic Tax Credit Fees | | | |
| State Income Taxes | | | |
| Surveys | | | |
| Title and Recording Fees | | | |
| Utilities | | | |
| Windows | | | |
| Other Expenses | | | |
| TOTAL COSTS AND EXPENSES: | | | |