

**Electronic Medical Records
Credit - Certification**

Wisconsin Department
of Revenue

Due Date: January 31, 2014

2013

A. Business Information

Check (✓) if this is an AMENDED return.

Entity Legal Name (if applicable)			Federal Employer ID Number	
Legal Last Name	Legal First Name	M.I.	Social Security Number	
Number and Street				Suite Number
City			State	Zip Code
Contact Person		Position		
Phone Number		E-mail		

For Parts B & C: *Calendar year and fiscal year filers* – Fill in purchases from January 1, 2013 thru December 31, 2013.

B. Qualified Medical Record Software Purchased

<u>Product Name</u>	<u>CHPL Product Number</u>	<u>Amount Paid</u>
1 _____	① _____	① _____ .00
2 _____	② _____	② _____ .00
3 _____	③ _____	③ _____ .00
4 _____	④ _____	④ _____ .00
5 _____	⑤ _____	⑤ _____ .00
6 _____	⑥ _____	⑥ _____ .00
7 _____	⑦ _____	⑦ _____ .00
8 Total additional purchases reported on attached schedule	⑧	⑧ _____ .00
9 Total qualified medical record software purchases (add lines B1 through B8)	⑨	⑨ _____ .00

C. Qualified Medical Record Hardware Purchased

<u>Product Category</u>	<u>Amount Paid</u>
1 Servers: _____	① _____ .00
2 Computers/Notebooks: _____	② _____ .00
3 Printers: _____	③ _____ .00
4 Other: _____	④ _____ .00
5 Total qualified medical record hardware purchases (add lines C1 through C4)	⑤ _____ .00

D. Signature

I hereby certify that to the best of my knowledge and belief the above-listed purchases are for information technology software certified by the Office of the National Coordinator for Health Information Technology and hardware used to run or access certified software.

Print Name	Signature (unless submitted electronically)	Date
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If you are not filing this schedule electronically, mail it to:

Wisconsin Department of Revenue
Electronic Medical Records Credit
PO Box 8932
Madison WI 53708-8932