

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



13130199990101

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			
<b>TOTAL COSTS AND EXPENSES:</b>			