



## Child Care Contribution Tax Credit Certification

|  |  |            |            |                                |                                |
|--|--|------------|------------|--------------------------------|--------------------------------|
| Organization Name  |  |            |            |                                |                                |
| License Number or Colorado Account Number  |  |            | FEIN       |                                |                                |
| Address  |  |            |            | Telephone Number               |                                |
| City   |  |            |            | State                          | Zip                            |
| Last Name of Preparer  |  |            | First Name |                                | Middle Initial                 |
| Signature of Preparer  |  |            |            |                                |                                |
| Donor Last Name  |  | First Name |            | Middle Initial                 | SSN or Colorado Account Number |
| Address  |  |            | City       |                                | State Zip                      |
| <b>Credit Computation</b>  |  |            |            |                                | Date of donation (MM/DD/YY)    |
| 1. Donation amount   |  |            |            |                                | \$                             |
| 2. Non-qualifying donation   |  |            |            |                                | \$                             |
| 3. Qualifying donation, line 1 minus line 2  |  |            |            |                                | \$                             |
| 4. Credit available, line 3 times 50%  |  |            |            |                                | \$                             |
| <b>Application of Donation</b>   |  |            |            |                                |                                |
| <input type="checkbox"/> All functions of the donee organization qualify for the tax credit.     |  |            |            |                                |                                |
| <input type="checkbox"/> The donation is applied 100% to qualified programs to the organization. |  |            |            |                                |                                |
| <input type="checkbox"/> Qualified programs that constitute                                      |  |            | %          | for all organization programs. |                                |
| <input type="checkbox"/> Other (describe allocation below)                                       |  |            |            |                                |                                |
| Describe allocation  |  |            |            |                                |                                |

### Instructions

This form is to be completed by the donee organization, then given to the donor. The donee organization should retain completed copies for record keeping.

Social Security number may be completed by the donor after receipt from the donee organization.

Donors shall submit this form with their Colorado income tax return when claiming the child care contribution credit. When filing electronically, attach this form as a PDF to the electronic return, upload a copy in Revenue Online or mail with form DR 1778.