QS 11 SRTC Rev. 01/17 01/16 Issue Obsolete

LA Department of Education Instructions for Completing the Enclosed Louisiana School Readiness Tax Credit Form Child Care Expense Credit

Families with a child under the age of six (6) (this includes any child who was five even one day of the tax year) enrolled in child care may be eligible for the School Readiness Tax Credit (SRTC) for expenses incurred at a child care center(s) with at least a TWO STAR rating during the calendar year.

Each family will receive a separate form R-10614 (Louisiana School Readiness Tax Credit Child Care Expense Credit) for each child under the age of six (6) from each TWO to FIVE STAR rated center the child attended during the calendar year. If a child attended more than one TWO to FIVE STAR facility (center), this form should be received from each center the child attended during the year. The form R-10614 (Louisiana School Readiness Tax Credit Child Care Expense Credit) from the center with the highest star rating will be used to claim the tax credit.

Each eligible taxpayer is responsible for obtaining form R-10614 (Louisiana School Readiness Tax Credit Child Care Expense Credit) and following the instructions included on the form to claim the SRTC. Parents are responsible for completing the Parent or Guardian's Portion. The taxpayer must file a Louisiana individual income tax return to claim the SRTC. THIS FORM MAY NOT BE COPIED. The Louisiana Department of Revenue will only accept the original form.

The attached form must be completed as follows:

CHILD CARE PROVIDER'S PORTION

The child care center director or owner must complete the Child Care Provider's Portion of the form including:

- Name of the child care facility
- License number of the facility
- LA Department of Revenue account number also referred to as LA Tax ID number
- Quality Start star rating of the center (each center will receive a letter from the Quality Improvement Unit verifying their star rating and effective date for purposes of the SRTC by December 31st)
- Effective (begin and end) date of the center's star rating
- Complete physical address of the center
- Complete mailing address for the center
- The child's first name, middle initial, last name, and suffix
- The child's date of birth
- Signature of the Facility's Authorized Representative which is the owner or director of the center

PARENT OR GUARDIAN'S PORTION

The taxpayer claiming the tax credit completes the following:

- Parent's first name, middle initial, last name, and suffix
- Parent's Social Security Number
- Spouse's first name, middle initial, last name, and suffix, if applicable
- Spouse's Social Security Number, if applicable
- Family's address, city, state, and zip code
- The Qualifying Child's first name, middle initial, last name, and suffix
- The Qualifying Child's Social Security Number
- The Qualifying Child's date of birth
- The Qualifying Child's age
- The Qualifying Child's address if it is different from the parent/guardian/taxpayer

SIGNATURE

To be valid, you must have an original form and it must have a signature of the authorized representative of the Louisiana Department of Education. This signature will already be on the form when you receive it from the child care center.

PLEASE NOTE: All information reported on this form, including the Quality Star Rating, must be reported accurately. The star rating for the 2016 SRTC can be found on the letter mailed to the child care center in December 2016.

For questions regarding these instructions, you may call the Quality Improvement Unit at LA Department of Education at 1-877-453-2721 or send an email to dss.qualitystart@la.gov.



Louisiana School Readiness Tax Credit Child Care Expense Credit

CHILD CARE PROVIDER'S PORTION – To be completed by the child care facility.

Child Care Facility's Name	DA. Daalda - U					Icense Number	
	-		earning Center			309	
LA Revenue Account Number	Quality Star Rat	ing	Date Rating Awarded (mm/dd/yyyy)		Date of Star Expiration (mm/dd/yyyy		
591289-9	2 Stars		June 1,20	June 1,2015		June 30, 2017	
Location Address							
2253 American Way							
ocation City					State	ZIP	
Port Allen					LA	70767	
Mailing Address (II different from location Same	address)						
Mailing City					State	ZIP	
Child's First Name	Initia	Last Name			Suffix	Date of Birth	
		S	ign and Date				
Facility's Authorized Representative	Tronk	Sm	1.1			Date (mm/dd/yyyy) 01/09/2017	
claim the credit. If using a tax preposed in the credit of the complete this section and retain the complete this section and retain the calenda shill attended during the calenda	parer, present th the form with yo r <i>this credit.</i> You	e completed ur records. A	lote: The child must	parer in order to I have been und	claim the cre ler the age	edit. If filing electronic of six (6) at some t	
laim the credit. If using a tax pre complete this section and retain i furing the year to be eligible for	parer, present th the form with yo r <i>this credit.</i> You	e completed ur records. A	document to the preplete: The child must	parer in order to I have been und	claim the cre der the age rated between	edit. If filing electronic of six (6) at some t	
laim the credit. If using a tax pre omplete this section and retain furing the year to be eligible for hild attended during the calenda Your First Name	parer, present th the form with yo r this credit. You r year.	e completed ur records. <i>I</i> u should rece	document to the preplete: The child must	parer in order to thave been und child care facility	claim the cruder the age rated between Social Secu	edit. If filing electronic of six (6) at some t een 2 and 5 stars that	
elaim the credit. If using a tax pre complete this section and retain furing the year to be eligible for thild attended during the calenda	parer, present th the form with yo r this credit. You r year.	e completed ur records. <i>N</i> u should rece	document to the preplete: The child must	parer in order to thave been und child care facility Suffix	claim the cruder the age rated between Social Secu	edit. If filing electronic of six (6) at some t een 2 and 5 stars that rity Number	
laim the credit. If using a tax pre omplete this section and retain furing the year to be eligible for hild attended during the calenda Your First Name Spouse's First Name Address	parer, present th the form with yo r this credit. You r year.	e completed ur records. <i>N</i> u should rece	document to the preplete: The child must	parer in order to thave been und child care facility Suffix	claim the cruder the age rated between Social Secu	edit. If filing electronic of six (6) at some t een 2 and 5 stars that	
elaim the credit. If using a tax prepomplete this section and retain formplete the year to be eligible for thild attended during the calenda Your First Name Spouse's First Name	parer, present th the form with yo r this credit. You r year.	e completed ur records. <i>N</i> u should rece	document to the preplete: The child must	parer in order to the have been und child care facility Suffix Suffix	claim the creater the age rated between Social Secu	edit. If filing electronic of six (6) at some t een 2 and 5 stars that rity Number	
laim the credit. If using a tax pre omplete this section and retain furing the year to be eligible for hild attended during the calenda Your First Name Spouse's First Name Address City	parer, present th the form with yo r this credit. You r year.	e completed ur records. <i>N</i> I should rece Last Name	document to the preport of the control of the contr	parer in order to the have been und child care facility Suffix Suffix	claim the creater the age rated between Social Secu	edit. If filing electronic of six (6) at some to een 2 and 5 stars that rity Number rity Number	
laim the credit. If using a tax pre omplete this section and retain furing the year to be eligible for hild attended during the calendaryour First Name Spouse's First Name Address City CUALIFYING CHILD Child's First Name	parer, present th the form with yo r this credit. You r year. Initial	e completed ur records. M should rece Last Name Last Name	document to the preport of the control of the contr	parer in order to the have been und child care facility Suffix Suffix State Suffix	claim the creater the age rated between Social Secu	edit. If filing electronic of six (6) at some t een 2 and 5 stars that rity Number rity Number	
laim the credit. If using a tax pre- complete this section and retain it furing the year to be eligible for hild attended during the calenda Your First Name Spouse's First Name Address City Child's First Name Child's Date of Birth (mm/dd/yyyy) Submit this document with you	parer, present the the form with your this credit. Your year. Initial Initial Age	e completed ur records. M I should rece Last Name Last Name Child's	document to the preport of the control of the contr	Suffix Suffix Suffix Suffix Suffix	claim the creater the age rated between Social Secu	edit. If filing electronic of six (6) at some to een 2 and 5 stars that rity Number rity Number	
laim the credit. If using a tax pre omplete this section and retain furing the year to be eligible for hild attended during the calenda Your First Name Spouse's First Name Address City	parer, present the the form with your this credit. Your year. Initial Initial Age ar 2016 Louisian return.	e completed ur records. M should rece Last Name Last Name Child's a individual	document to the preport of the child must ive a form from each when the child must ive a form from from part of the child from part of th	Suffix Suffix Suffix Suffix Suffix Suffix Suffix Suffix	claim the creater the age rated between Social Security Code ZIP Code Social Security Code	edit. If filing electronic of six (6) at some is een 2 and 5 stars tha rity Number rity Number rity Number	

