QS 11 SRTC Rev. 12/17

## 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 31<sup>st</sup>)
- 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 LouisianaDepartment 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 2017 SRTC can be found on the letter mailed to the child care center in December 2017.

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



# Louisiana School Readiness Tax Credit Child Care Expense Credit

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

Please complete this section of the form before submitting it to the child's parents or guardians. This form must be provided to the child's

parents or guardians before January 31, 2	018. Use	separate forms for	each child <b>under the ag</b>	e of six	(6) who atten	ded your day care center.	
Child Care Facility's Name					Facility Lie	Facility License Number	
Smart Child Care, LLC DBA: Rocking Horse ELC  LA Revenue Account Number Quality Star Rating Date Rating Awarded (mm/dd/yyyy)					Date of Star Expiration (mm/dd/yyyy)		
0144895000100	,	7,	July 1,20		June 30, 2018		
Location Address							
2253 American Way							
PORT Allen					State	70767	
Mailing Address (if different from location address)							
Same As Above							
Mailing City					State	ZIP	
Child's First Name	Initia	Initial Last Name				Date of Birth	
Sign and Date							
Facility's Authorized Representative						Date (mm/dd/yyyy)	
Thong small							
during the year to be eligible for this credit. You should receive a form from each child care facility rated between 2 and 5 stars child attended during the calendar year.         Your First Name       Initial       Last Name       Suffix       Social Security Number							
Spouse's First Name	Initial	al Last Name Suffix So		Social Secur	Social Security Number		
Address							
City					ZIP Code		
QUALIFYING CHILD							
Child's First Name	Initia	Last Name		Suffix	Social Secur	ity Number	
Child's Date of Birth (mm/dd/yyyy)	Age	Age Child's Address (if different from parent/guardian)					
Submit this document with your 2017 Louisiana individual income tax return when filing a paper return. If filing electronically, keep this document with your return.							
To be valid, this must be an original form and must have a signature of the authorized representative of Louisiana Department of Education.							
Authorized Representative of the Louisiana Department of Education  Authorized Representative of the Louisiana Department of Education  Date (mm/dd/yyyy)  11/17/17							

