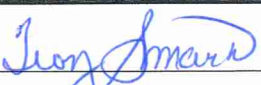




**Louisiana School Readiness Tax Credit**  
**Child Care Expense Credit**

**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, 2026. If your child care center has closed, please ensure that this form is distributed to the parents. Use separate forms for each child **under the age of six (6)** who attended your child care center.

Child Care Facility's Name <b>Smart Child Care, LLC DBA: Rocking Horse Early Learning Center</b>			Facility License Number <b>14309</b>	
LDR Account Number <b>0144895000100</b>	2025 Star Rating <b>4</b>	Date Rating Awarded (mm/dd/yyyy) <b>07/01/2025</b>	Date of Star Expiration (mm/dd/yyyy) <b>06/30/2026</b>	
Location Address <b>2253 American Way</b>			Site Code <b>VF3001</b>	
Location City <b>Port Allen</b>			State <b>LA</b>	ZIP <b>70767</b>
Mailing Address (If different from location address) <b>Same As Above</b>				
Mailing City			State	ZIP
Child's First Name	Initial	Last Name	Suffix	Date of Birth (mm/dd/yyyy)
<b>Signature</b>				
Child Care Facility's Authorized Representative 				Date (mm/dd/yyyy) <b>01/06/2026</b>

**PARENTS OR GUARDIAN'S PORTION – To be completed by parents or guardians of qualifying child**


Please complete this section of the form and attach it to your 2025 Louisiana individual income tax return when filing your return. If using a tax preparer, present the completed document to the preparer in order to claim the credit. **Note: The child must have been under the age of six (6) at some time 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 that the child attended during the calendar year.

Your First Name	Initial	Last Name	Suffix	Social Security Number
Spouse's First Name	Initial	Last Name	Suffix	Social Security Number
Address				
City			State	ZIP

**QUALIFYING CHILD**

Child's First Name	Initial	Last Name	Suffix	Social Security Number
Child's Date of Birth (mm/dd/yyyy)	Age	Child's Address (if different from parent/guardian)		

**Submit this document with your 2025 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 the signature of an authorized representative of the Louisiana Department of Education.	
Authorized Representative of the Louisiana Department of Education 	Date (mm/dd/yyyy) <b>01/01/2026</b>

