

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, 2025. 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					Facility L	Facility License Number	
LA Revenue Account Number	2024 Star Rat	ing	Date Rating Award	warded (mm/dd/yyyy) Date of St		tar Expiration (mm/dd/yyyy)	
Location Address	ddress					Site Code	
Location City					State	ZIP	
Mailing Address (if different from loc	ation address)	***************************************					
Mailing City					State	ZIP	
Child's First Name	In	itial Last Name			Suffix	Date of Birth (mm/dd/yyy)	
		Sign	and Date				
Child Care Facility's Authorized Representative						Date (mm/dd/yyyy)	
PARENTS OR GUARDIAN'S Please complete this section of the tax preparer, present the con	PORTION – To be if the form and at inpleted documer	e completed by place tack it to your 202 at to the preparer i	parents or guardiar 4 Louisiana individu n order to claim the	al income tax credit. Note: 1	return when The child m	୍କିଥି / / ବ୍ୟୁଟ୍ର filing your return. If usi ust have been under t	
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To be valid, this must be an original form and must have a signature Education.	of the authorized representati	ve of the Louisiana Department of
Authorized Representative of the Louisiana Department of Education	Mellynn Baker	Date (mm/dd/yyyy) 01/01/2025

