

Child Care Tax Credits Program Application for Tax Credit Allocation



Apply online at floridarevenue.com/taxes/multitaxcredits. It's fast and secure.

Applying online will allow you to:

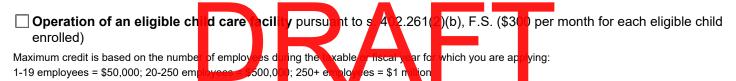
- create a secure, online account where your application information will be stored;
- quickly complete your application and receive a confirmation number with the date and time of submission; and
- view a summary of your applications and the status of each application.

Applying for State Fiscal Year: July 1, _____ through June 30, _____

Check if filing a joint application. Attach a list of the other taxpayer(s) or not-for-profit entity and their applicant information. Include the percentage of any approved credit for each taxpayer.

Applicant Information	Indicate percentage of any approved credit for this applicant%				
Business Name:	Federal Employer Identification Number (FEIN):				
Mailing Address:					
City:	State:		ZIP:		
Contact Name:	Telephone Number:				
Email Address*:	1				
If you are included in a consolidated Florida Corporate Income/Franchise Tax Return (Form F-1120), provide:				
Parent Corporation's Name:	Parent FEIN:				
* Your privacy is important to the Florida Department of Rev administration purposes are confidential and exempt from c					
 Florida law requires you to authorize the Florida Department does not require additional steps before you can access info application, you may wish to receive unencrypted email regardunencrypted email by selecting `Yes' below, otherwise, selecting `Yes. I authorize the Florida Department of Revenue to send No. I wish to receive encrypted emails from the Florida Department.) 	rmation in the email. Irding this application ct `No.' I information regarding	To expedi . If so, ind g this appli	te the processing of your icate your approval to receive cation using unencrypted email.		
Eligible Child Care Facility Information Complete this section if applying for a cred	it under section (s.) $402.261(2)(a)$	or (2)(b) Elorida	Statutas (F.S.)		
Eligible Child Care Facility Name:	Eligible Child Care Facility FEIN:				
Street Address:					
City:	_{State:} Florida		ZIP:		
License Number Provided by Florida Department of Children and Families (if applicable):		Telephone Number:			
Email Address:					

	ne tax) of credit allocation for the applicable tax. If applying for a credit against multiple taxes, a separate ubmitted f <mark>or</mark> each tax.
\$	Corporate Income Tax
*	Beginning Date of Tax Year: Ending Date of Tax Year:
\$	Insurance Premium Tax Taxable Year:
\$	Excise Tax on Malt Beverages For the Fiscal Year beginning July 1, Malt Beverage License Number:
\$	Excise Tax on Wine Beverages For the Fiscal Year beginning July 1, Wine Beverage License Number:
\$	Excise Tax on Liquor Beverages For the Fiscal Year beginning July 1, Liquor Beverage License Number:
\$	Use Tax due from a Direct Pay Permit Holder For the Fiscal Year beginning July 1, Sales Tax Certificate Number:
\$	Tax on Oil Production For the Fiscal Year beginning July 1,
\$	Tax on Gas Production For the Fiscal Year beginning July 1,
Basis of Credit Indicate average num One to 19 employe Indicate credit type	
	an eligible child care facility (startup costs) pursuant to s. 402.261(2)(a), F.S.
Maximum credit is based o	n the number of employees during the taxable or fiscal year for which you are applying: n; 20-250 employees = \$500,000; 250+ employees = \$250,000
Required attachments	<u>5</u>
 Form DR-556000 Statement). 	A (Child Care Tax Credits Program - Application for Tax Credit Allocation Eligible Child Care Facility
 Your proposal for tax return until op 	establishing an eligible child care facility for use by your employees. A credit may not be claimed on a erations begin.
	Enter the expected beginning operation date of the eligible child care facility. If the eligible child care facility has begun operating, enter the date operations began.
	Enter the number of eligible children expected to be enrolled in the eligible child care facility. If the eligible child care facility has begun operating, enter the number of eligible children enrolled.
\$	Enter the amount of expected or actual startup costs for the eligible child care facility.
\$	Requested credit for startup costs: Enter 50% of the expected or actual startup costs for the eligible child care facility.



Required attachment

 Form DR-556000A (Child Care Tax Credits Program – Application for Tax Credit Allocation Eligible Child Care Facility Statement).

Enter the total number of months the eligible child care facility is expected to operate during the _ taxable or fiscal year in which the credit will be earned.

Enter the total number of eligible children for whom child care will be provided at the eligible child _____ care facility.

Requested credit for operating an eligible child care facility:

Use the table below to compute the number of eligible children enrolled in the eligible child care facility during each month of the taxable or fiscal year in which the credit will be earned. Enter the total number of enrollments for the year multiplied by \$300.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total enrollments
Number of eligible children per month													

□ Payments made to an eligible child care facility in the name and for the benefit of an employee of the taxpayer pursuant to s. 402.261(2)(c), F.S. You may make payments directly to the eligible child care facility or contract with an early learning coalition to process payments.

Maximum credit is based on the number of employees during the taxable or fiscal year for which you are applying:

1-19 employees = \$50,000; 20-250 employees = \$500,000; 250+ employees = \$1 million

Enter the total number of eligible children for whom child care payments will be paid to an eligible child care facility during the taxable or fiscal year in which the credit will be earned.

Requested credit for payments made to an eligible child care facility:

Enter 100% of the amount of payments made to an eligible child care facility during the taxable or fiscal year in which the credit will be earned. However, do not request more than \$3,600 per eligible child per taxable or fiscal year.

\$

\$



Print Name

Contact Information					
For additional information regarding the Child Care Tax Credits Program, contact Revenue Accounting:					
Phone: 850-617-8586	Fax: 850-921-1171	Email: CreditTrackingGroup@floridarevenue.com			
If you are unable to apply online at floridarevenue.com/taxes/multitaxcredits , submit your completed application to:					
Revenue Accounting or Florida Department of Revenue PO Box 6609 Tallahassee, FL 32314-6609	Fax: 850-921-1171 or	Email: CreditTrackingGroup@floridarevenue.com			

Title

 Reference

 The following document was mentioned in this form and is incorporated by reference in the rule indicated below. The form is available at floridarevenue.com/forms.

 DR-556000A
 Child Care Tax Credits Program - Application for Tax Credit Allocation
 Rule 12-29.003, F.A.C. Eligible Child Care Facility Statement