

# School Readiness Tax Credit Act – Application for Childcare and Education Provider

**Complete this application if you are the person who owns or operates an eligible program.**

Applicant Name and Address			Program Name and Address		
Applicant's Name			Program Name		
Street or Other Mailing Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code
Applicant's Social Security Number (SSN) or Federal ID Number		Current Step Up to Quality rating of the program. Check One. Attach a copy of the rating issued by the Nebraska Department of Health and Human Services. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			

For the calendar year January through December 20\_\_\_\_  
or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>Average Monthly Subsidized Children Calculation</b>				
Note: For column (B), enter the total number of hours for which you were paid subsidy reimbursement for each month. Include six hours in the total for each day you were paid by the day.				
(A) Month	(B) Number of Hours Paid	(C) Number of Child Days [Column (B) Divided by 6]	(D) Number of Days Providing Service	(E) Average Number of Children this Month [Divide column (C) by column (D)].
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
			<b>Total</b>	

- 1 Total average number of children you received a subsidy for each month. [Column (E) total divided by 12]. Enter the total as a whole number. Round up any result that is .50 or higher to the next higher number. Round down any result that is .49 or less to the next lower number. \_\_\_\_\_
- 2 Amount of school readiness tax credit requested. Multiply line 1 by the dollar amount shown in the table below for your Nebraska Step Up to Quality rating. \_\_\_\_\_

Nebraska Step Up to Quality Rating	Amount of Credit Per Child
Step 1	\$0
Step 2	\$0
Step 3	\$250
Step 4	\$500
Step 5	\$750

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign here** ▶

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mail this form to: **Nebraska Department of Revenue, PO Box 94609, Lincoln, NE 68509-4609.**

## Instructions

**Who Must File.** The applicant must be a person who owns or operates a childcare or early childhood education program that has been assigned a quality scale rating pursuant to the Step Up to Quality Child Care Act. This credit is available to qualifying individuals, corporations, and fiduciaries. Note: Providers with a Step Up to Quality rating of 1 or 2 are not eligible to receive a credit under this Act.

**When to File.** This application for credits must be filed within two months after the close of the tax year for which you are claiming the credit.

**What to File.** Attach and submit a copy of the Step Up to Quality Act rating issued by the Nebraska Department of Health and Human Services (NDHHS) along with this application. **Also include the Explanation of Benefits received from the NDHHS for each month.** The Department of Revenue may contact you for additional information to verify your application as required.

### Specific Instructions

**Applicant Information.** Enter current name, mailing address, and SSN. Enter Federal ID Number only if claiming the credit on a business tax return. If all information is not completed, the credit will not be allowed

**Program Information.** Enter the name and address of the qualifying program. Also enter the most recent Step Up to Quality Act rating issued by the NDHHS. If all information is not completed, the credit will not be allowed.

**Average Monthly Number of Subsidized Children Calculation.** The credit is based on a calculated average which may not be equal to the actual number of children enrolled in your program:

**Column (B) – Number of Hours Paid.** For each month, enter the actual number of hours of childcare for which you received subsidy reimbursement. Include six hours in the total for each day you were paid by the day.

**Column (C) – Number of Child Days.** For each month, divide the number of hours in column B by 6.

**Column (D) – Number of Days Providing Service.** Enter the number of days you provided service for any children for each month. Exclude days your facility was closed, including weekends and holidays, if applicable.

**Column (E) – Average Number of Children this Month.** For each month, divide the in column (C) by the number in column (D) and enter the result.

**Line 1.** Total average number of children you received a subsidy for each month. Enter the total of column (E) divided by 12. Enter this result as a whole number. Round up any result that is .50 or higher to the next higher number. Round down any result that is .49 or less to the next lower number.

**Line 2.** Multiply the total average number of children you received a subsidy for each month from line 1 by the credit amount that corresponds with your program's Step Up to Quality Act rating.

**Claiming the Credit.** Please allow 4 weeks for the Department of Revenue to process and respond to your application. The Department of Revenue will process the applications in the order received until March 1 or until the program tax credit limitation of \$5 million has been met, whichever is earlier.

Claim your tax credit by attaching the tax credit certification form from the Department of Revenue to your Nebraska Tax Return. The Department of Revenue will not allow the tax credit if the certification is not attached to your Nebraska tax return.

By including your email address, you are agreeing that the Department of Revenue may use it to transmit confidential information using secure email.