

Child Care Tax Credit Contribution Receipt

MUST BE COMPLETED BY ELIGIBLE PROGRAM OR INTERMEDIARY RECEIVING THE CONTRIBUTION AND A COPY SUBMITTED BY CONTRIBUTOR WITH FORM CCTC-A

Name of Eligible Program or Intermediary Organization Receiving Contribution		Eligible Program Location Street Address	
Current Mailing Address (Number and Street or PO Box)		NDHHS License Number of Eligible Program	
City	State	ZIP Code	
Federal ID Number or SSN		Nebraska ID Number	
Contributor's Information			
Individual's First Name and Middle Initial		Last Name or Name of Entity Making the Contribution	
If Married, Filing Jointly, Enter Spouse's First Name and Middle Initial		Last Name	
Date Contribution Made		Amount of Contribution	
Location (County) of Opportunity Zone (if applicable). Leave Blank if Not in Opportunity Zone.		Census Tract Number of Opportunity Zone (if applicable). Leave Blank if Not in Opportunity Zone.	

As an eligible program, I certify the contribution received was not a payment for daycare services for a particular child.

Check all applicable boxes indicating the purpose(s) for which the qualified contribution is made:

- For the establishment or operation of an eligible program.
- For the establishment of a grant or loan program for parents requiring financial assistance for an eligible program.
- To an early childhood collaborative or another intermediary to provide training, technical assistance, or mentorship to child care providers.
- For the establishment or ongoing costs of an information dissemination program that assists parents with information and referral services for child care.
- To a for-profit child care business, including family home providers. The for-profit child care business must use the proceeds of a qualifying contribution for:
 - (i) The acquisition or improvement of child care facilities,
 - (ii) The acquisition of equipment,
 - (iii) Providing services, or
 - (iv) Employee retention.
- To an intermediary for the establishment or operation of an eligible program or for the establishment of a grant or loan program for parents requiring financial assistance for an eligible program.

Under penalty 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 Owner, Member, Partner, Corporate Officer, Title Date Phone Number Email Address
Person Authorized by Attached Power of Attorney

**Submit this application via the Nebraska Department of Revenue's secure file sharing system [here](#).
Retain a copy of this form for your records.**