DR 1317 (07/19/13)

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005

www.TaxColorado.com



Child Care Contribution Tax Credit Certification

Organization Name								
License Number or Colorado Account Number		FEIN						
Address					Telephone Number			
					()			
City							State	Zip
Last Name of Preparer			First Name					Middle Initial
Signature of Preparer								
Donor Last Name	First Name			Middle Initial	Colorado Account Number			
Address		City				State	Zip	
Credit Computation					Date of donation (MM/DD/YY)			
1. Donation amount						\$		
2. Non-qualifying donation					\$			
3. Qualifying donation, line 1 minus line 2					\$			
4. Credit available, line 3 times 50%					\$			
Application of Donation								
☐ All functions of the donee organiz	zation qualit	fy for the	tax credit.					
☐ The donation is applied 100% to	qualified pro	ograms t	o the organization.					
☐ Qualified programs that constitute								
☐ Other (describe allocation below)								
Describe allocation								

Instructions

This form is to be completed by the donee organization, then given to the donor. The donee organization should retain completed copies for record keeping.

Donors shall submit this form with their Colorado income tax return when claiming the child care contribution credit. When filing electronically, attach this form as a PDF to the electronic return, upload a copy in Revenue Online or mail with form DR 1778.

Social Security number may be completed by the donor after receipt from the donee organization.