

## Child Care Investment Tax Credit Qualified Investments in Child Care Programs Application for Certification

(When this application receives a certificate number below, attach this document to your Maine income tax return to claim the credit.  
Maine Revenue Service will be informed of the certificate number and the amount of the credit)

<b>Taxpayer Information:</b>	<b>Check one:</b>
Taxpayer/Entity Name:	<input type="checkbox"/> Sole Proprietor
Address:	<input type="checkbox"/> Partnership
	<input type="checkbox"/> LLC
Phone:	<input type="checkbox"/> S Corporation
Social Security Number or Federal ID Number:	<input type="checkbox"/> C Corporation
Description of Qualified Investment: Applicant must <b>attach a copy</b> of a long-term action plan that outlines the actions that will be taken to “significantly contribute toward the ability of the child care site to improve its level of child-care services toward the goal of providing quality child care services”. Include current Step level on the Child Care Quality Rating System – <i>Quality for ME</i> and outline how expenditures made support your program moving to the next Step Level. Describe below all steps taken during the tax year toward achieving the goal of improving quality child care. Enter the related qualified investments in the spaces provided.	Current Step Level on the Child Care Quality Rating Scale: _____  QRS Step Level Goal: _____
<b>Investment amounts (list specific investment items and total investment amount for each category below). All expenses listed must be over and above those expenditures required for child care licensing:</b>	
Tangible personal property – not disposable items:	\$
Real Property:	\$
Rental Payments:	\$
Education:	\$
Other:	\$
<b>Total Qualified Investment (documentation required, attach)</b>	\$
Under penalties of perjury, I declare that I have examined this application and all attachments and, to the best of my knowledge and belief, they are true, correct and complete.	
Applicant Officer’s Signature _____ Title _____	Date _____
Please forward to: State Child Care Administrator, OCFS/DHHS, 11 State House Station, 2 Anthony Avenue, Augusta, Maine 04333; or FAX to 207-287-6156. Telephone: 207-624-7909.	
<b>OFFICE ISSUE ONLY:</b>	
Amount Approved _____ Tax Credit _____	
Signature _____, State Child Care Administrator  Date _____	Certificate Number:  _____