

# 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			
Current Mailing Address (Number and Street or PO Box)			
City	State	ZIP Code	
Federal ID Number or SSN		Nebraska ID Number	
Date Contribution Made		Amount of Contribution	
Location (County) of Opportunity Zone (if applicable)		Census Tract Number of Opportunity Zone (if applicable)	

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 Person Authorized by Attached Power of Attorney	Date	Phone Number	Email Address
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