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**Note:** Fill-in forms are **not** saveable and will **not** file the return for you. You must print the return and mail it. We recommend you file through Revenue Online. Return to the Form Web page and click on eFile.

## UNLICENSED CHILD CARE ORGANIZATION REGISTRATION APPLICATION

Organization Name		Do you have a Dept of Revenue Account Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Account # _____	
Indicate Type of Organization <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> General Partnership <input type="checkbox"/> Association <input type="checkbox"/> Estate <input type="checkbox"/> Non-profit 501(C)(3) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Limited Partnership (LLLLP) <input type="checkbox"/> Government                      (Please enclose copy of the <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture                      IRS letter of exemption.) <span style="float: right;"><input type="checkbox"/> Other Non-profit <input type="checkbox"/> Other</span>			
Trade Name/Doing Business As (if applicable)		Federal Employer Identification Number (FEIN)	
Street Address of Principal Place of Business in Colorado		County	
City		State	ZIP Code
In Care Of (C/O)		Mailing Address (it Different From Above) (Include Unit #)	
City	State	ZIP Code	Telephone Number (       )
Check One <input type="checkbox"/> Register an unlicensed child care program. <input type="checkbox"/> Register a grant or loan program for parents in Colorado requiring financial assistance for child care. <input type="checkbox"/> Register a training program for child care providers. <input type="checkbox"/> Register an information dissemination program in Colorado to provide information and referral services to assist parents in obtaining child care.			
Explanation  <b>1.</b> Explain why donations to this organization qualify for the child care contribution credit. _____ _____ _____  <b>2.</b> Do all of your programs qualify for the credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, specify which programs do qualify. _____ _____ _____  <b>3.</b> Why is a Department of Human Services license not required? _____ _____ _____			
Attach copies of brochures, newspaper articles, community publications and other documentation to support the information above.			
<b>I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge.</b>			
Name Of Organization Officer		Title	
Signature Of Organization Officer		Date	