DR 1319 (07/23/13) COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005 www.TaxColorado.com



Child Care Contribution Tax Credit Grandfathered Organization Application

Organization Name			Telephone Number		
			()		
License Number or DOR Registration Number		FEIN			
Address	City			State	Zip
List the specific eligible programs for which the organization a	 accented qualif	iving donations for the child care contril	oution credit		
List the spesific engine programs for which the organization of	iooopica quaiii	ying derictions for the oring date contain	oution orean.		
Did the programs listed above include children ag	nes 13-17?	☐ Yes ☐ No			
If yes, briefly explain					
Provide a list of donors who claimed the credit during tax year	rs 1999 to 200	3.			
Attach copies of brochures, newspaper articles, c	ommunity r	sublications and other decumer	station to cur	nort th	10
information on eligible programs listed above. Atta			itation to sup	port ii	ie
Information on eligible programs listed above. Atta	acri additioi	iai pages ii needed.			
Name of Organization Officer		Title			
Signature of Organization Officer			Date (MM/DD/YY)		