Attach this form to your account now through Revenue Online.

Visit www.Colorado.gov/RevenueOnline today!

- 1. Click on Individual or Business.
- 2. Click on the E-Filer Attachment button under AccessNow.



## Scroll down to view your form.

**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? See No		
		If Yes, Acco	If Yes, Account #		
General Partnership(LLP)Limited PartnershipLimitedLimited Liability CompanyPartner	dual   □ Limited Liability Partnership       ral Partnership    (LLP)      d Partnership     □ Limited Liability Limited		S Corporation  Trust    Association  Non-profit 501(C)(3)    Estate  (Please enclose copy of the    Government  IRS letter of exemption.)    Joint Venture  Other Non-profit		
Trade Name/Doing Business As (if applicable)			Federal Employer	Federal Employer Identification Number (FEIN)	
Street Address of Principal Place of Business in Colorado			County	County	
City			State	ZIP Code	
In Care Of (C/O)	Mailing Address (it Di	Mailing Address (it Different From Above) (Include Unit #)			
City	State	ZIP Code	Telephone Number	Telephone Number ( )	
Check One  ( )    Check One  Register an unlicensed child care program.    Register a grant or loan program for parents in Colorado requiring financial assistance for child care.    Register a training program for child care providers.    Register an information dissemination program in Colorado to provide information and referral services to assist parents in obtaining child care.    Explanation    1. Explain why donations to this organization qualify for the child care contribution credit.					
Attach copies of brochures, newspaper articles, community publications and other documentation to support the information above.					
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.					
Name Of Organization Officer			Title		
Signature Of Organization Officer			Date		