



HOWARD COUNTY DEPARTMENT OF FINANCE

3430 Courthouse Drive ■ Ellicott City, Maryland 21043

■ 410-313-2062

Property Tax Accounting
taxcredit@howardcountymd.gov

FAX 410 - 313-4099
TDD 410-313-2323

**APPLICATION FOR TAX CREDIT
FOR DAY CARE SERVICES**

HOWARD COUNTY CODE SECTION 20.115

In accordance with the provisions of §§ 9-213 and 9-214 of the Tax-Property Article of the Annotated Code of Maryland, an owner of real property may receive a property tax credit against the general county tax for an improvement of that real property, if the improvement is used exclusively for the purpose of providing family or group adult day care services or child day care services offered by a licensed or accredited day care provider.”

The applicant shall apply for the tax credit with the department of finance within 30 days after the issuance of the tax bill reflecting the improvement. Subsequent applications are to be filed annually and received no later than September 30th for the current tax year. Applications received prior to May 15th will allow for the credit to be applied by the time of initial billing in July. All taxes are due and payable when issued. The credit may not exceed the amount of County Property Tax, is limited to \$3,000 annually, and applies to improvements made after July 1, 1987.

Date of Application _____ Tax Year/Period _____

Property Account Number _____

Property Description _____

Owner’s Name _____

Mailing Address _____

Telephone Number _____

Is this the first time you have filed an application for this improvement? ... Yes ... No

Is the improvement to be used exclusively for the purpose of providing family or group adult day care services OR child daycare services? ... Yes ... No

If no, please explain _____

Is the Day Care Provider licensed, registered under the laws of the State or County? ... Yes ... No

Do you agree to accept children and or adults regardless of race, color, creed, sex, or national origin? ... Yes ... No

Signature of Owner

(Do Not Write Below This Line)

Improvement Assessment _____ County Tax _____

Eligible Assessment _____ Amount of Credit _____

Approved: _____ Disapproved: _____

Reason: _____