

New Mexico Taxation and Revenue Department  
**Caregiver's Statement**

**Purpose of this worksheet:** Use the *Caregiver's Statement* along with the PIT-Childcare, *Child Day Care Credit Worksheet* when claiming the New Mexico Child Day Care Credit on the PIT-RC. Please print legibly using blue or black ink. Keep original forms for your records and submit copies with your PIT-1 return. **Important:** An incomplete PIT-RC or missing PIT-CG will result in the denial of the credit.

First Name, Middle Initial, and Last Name	Social Security Number (SSN)
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**Instructions:** The caregiver must complete the PIT-CG **Sections I** and **Section II**. Both the caregiver and taxpayer must complete the **Signature** section. Each caregiver needs a separate PIT-CG. Note: Do not include any charges for childcare for periods of unemployment or for childcare provided either before or after work (plus any necessary travel time) or for periods the taxpayer is attending school.

<b>Section I: Qualifications for Individual Caregivers (Caregiver complete all fields)</b>	
Name (Business Name or First Name, Middle Initial, and Last Name)	NMBTIN or SSN
Mailing Address	City, State, and Zip Code

1. Were you, as a caregiver, age 18 or over at the time the care was performed?      Yes       No
2. Did you, as a caregiver, provide day care service for less than 24 hours daily?      Yes       No
3. Were you a dependent of the above taxpayer for whom you provided childcare services?      Yes       No

<b>Section II: Statement of Compensation Received by Caregiver (Caregiver, complete all applicable fields)</b>
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<b>Tax Year</b>	<b>Child 1</b>		<b>Child 2</b>		<b>Child 3</b>		<b>Child 4</b>	
<b>20</b> ____	Name:		Name:		Name:		Name:	
	SSN:		SSN:		SSN:		SSN:	
<b>Month</b>	No. of Days	Compensation Amount Received Per Month	No. of Days	Compensation Amount Received Per Month	No. of Days	Compensation Amount Received Per Month	No. of Days	Compensation Amount Received Per Month
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
<b>Total</b>								

<b>Section III: If Unable To Have Caregiver Complete PIT-CG (Taxpayer, complete Section I,II, and III)</b>
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If you made all reasonable attempts to have the caregiver complete the PIT-CG schedule and you were unable to locate the caregiver or to obtain the required information, complete **Section I** and **Section II** of this schedule based on previous billings or other records. Explain below why the caregiver did not complete the statement.


<b>Signature: Both Caregiver and Taxpayer Must Sign Below</b>
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I herby certify and declare that the information reported on this form and any attached supplement(s) are true and correct:

Caregiver- Print Name	Caregiver- Signature	Date
Caregiver Title	Caregiver- Email Address	Caregiver- Phone Number
Taxpayer- Print Name	Taxpayer Signature	Date