





Important:	Print in CAPITAL letters using black ink.
	Attach to Schedule U. File both schedules with D-40.

First name of non-custodial parent	M.I. Last Name							
Address (number. street and apartment)								
City	State Zip Code + 4							
Social Security Number Date of b	irth (MMDDYYYY							
Even if you are not eligible to claim the Federal Earned Inc DC Earned Income Tax Credit.	come Credit you may still be able to claim the							
DC Non-Custodial Parent EITC Eligibility – Please complete this checklist to determine eligibility to file Schedule N. You may claim the DC Non-Custodial Parent EITC if you answer "Yes" to all the following questions.								
		YES NO						
1. Is your Federal Adjusted Gross Income for 2007 less that \$33,241 (\$35,241 if married filing jointly) if you have \$37,783 (\$39,783 if married filing jointly) if you have	e one qualifying child?							
2. Were you a DC resident taxpayer during the year?								
3. Were you between the ages of 18 and 30 as of Decemb								
4. Are you a parent of a minor child(ren) with whom you do not reside?								
5. Are you under a court order requiring you to make child support payments?								
6. Was the effective date of the child support payment order on or before 6/30/2007?								
7. Did you make child support payment(s) through a government sponsored support collection unit?								
8. Did you pay all of the court ordered child support due for 2007 by December 31, 2007?								
If you answered "Yes" to all of the above questions, you can claim the DC Non-Custodial Parent EITC. Fill out Schedule N and attach it to your D40.								



	ГІ	rst Name		M.I.	Last Name	
1.	Child's name #1					
	Child's name #2					
ſ	If you have more than	two qualifying children	, you only have	to list two to get th	e maximum credit.	
			Child	#1		Child #2
2.	Child's SSN					
_	01.318		Child #1 (MN	(IDDYYYY)	C	Child #2 (MMDDYYYY)
3.	Child's date of birth					
4.	Custodian's name	irst Name		M.I.	Last Name	
		Number, street and ap	partment numbe	er		
5. Custodian's address						
		City		Sta	te Zip Coo	de + 4
6.	Custodian's SSN					
7. Jurisdiction of the		Child #1			Child #2	
	court that ordered support payments for:					
		Child #1			Child #2	
8.	Case or Docket number	er for:				
	Name of government	Child #1				
	agency to which you make payments					
	for:	Child #2				
	Address of the government agency for:	Child #1				
		Child #2				
		Child #1			child #2	
11.	Amount of court order	red payment \$		00 per month	\$	00 per month
			Child #1 (MM	IDDYYYY)		Child #2 (MMDDYYYY)
12.	Date payments were	ordered to start				
			Child #1		С	hild #2
13.	Total payments made	during 2007 \$.00	\$.00
_	Communitation I location	e total of lines a and h	of Form D-40 to	find the correct FIC a	mount from the FIC	table in the Federal 1040 tax

If you are a part-year filer see page 10 of the D-40 booklet for instructions on prorating the credit to be claimed.