

2014 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1234

Important: Calculate your federal child and dependent credit first.

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLMNOPQ

YOUR SOCIAL SECURITY NUMBER 123456789

Before you begin

You must meet the following requirements to use this form:

- You are a part-year resident of DC;
You are filing a part-year DC D-40 return; and
You were eligible to claim the child and dependent care credit on your federal return.

Qualifying dependents Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441

First name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

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Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

If you need to list additional dependents, attach a statement with the same information for them.

DC credit

Table with 5 rows for DC credit calculation. Includes fields for dates of residency, total expenses, and final credit amount.

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name ABCDEFGHIJKLMNOPQ
Your SSN 123456789



Dependent care expenses Complete for all people or organizations who provided care during 2014 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDD)	To (MMDD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00

Address	Social security or Federal employer ID
123456789	123456789

If an individual, identify their relationship to you

ABCDEFGHIJKLMN

Name	From (MMDD)	To (MMDD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00

Address	Social security or Federal employer ID
123456789	123456789

If an individual, identify their relationship to you

ABCDEFGHIJKLMN

Name	From (MMDD)	To (MMDD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00

Address	Social security or Federal employer ID
123456789	123456789

If an individual, identify their relationship to you

ABCDEFGHIJKLMN

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00

Address	Social security or Federal employer ID
123456789	123456789

If an individual, identify their relationship to you

ABCDEFGHIJKLMN

Name	From (MMDD)	To (MMDD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00

Address	Social security or Federal employer ID
123456789	123456789

If an individual, identify their relationship to you

ABCDEFGHIJKLMN

6 Total expenses paid \$ 123456.00