

2015 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



Important: Calculate your federal child and dependent credit first.

SOFTWARE DEVELOPER USE ONLY VENDORID# 1234

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 ABCDEFGHIJKLMNOP 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 ABCDEFGHIJKLMNOP 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 ABCDEFGHIJKLMNOP 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 ABCDEFGHIJKLMNOP 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

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. Columns include line number, description, and amount. Row 1: Total 2015 employment-related dependent care expenses. Row 2: Employment-related dependent care expenses paid in 2015. Row 3: Divide Line 2 amount by Line 1 amount. Row 4: DC full year dependent care credit. Row 5: DC part-year dependent care credit.

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 2015 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 (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			

**6 Total expenses paid** \$ 123456.00