



OFFICIAL USE ONLY Vendor ID# 0002

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Important: First calculate your federal return child and dependent care credit. Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Name as shown on Form D-40

Taxpayer identification number (TIN)

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 M.I. Last name

Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name

Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

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Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name

Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

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

DC credit

Enter dates you were a DC resident in 2017. From MMDD To MMDD

Round cents to nearest dollar. If amount is zero, leave line blank.

Table with 5 rows for DC credit calculation. Columns include line number, description, and amount. Row 1: Total 2017 employment-related dependent care expenses. Row 2: Employment-related dependent care expenses paid in 2017 while you were a DC resident. 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.



Enter your last name Enter your taxpayer identification number (TIN)

Dependent care expenses Complete for all people or organizations who provided care during 2017 so that you could work or look for work.

Round cents to nearest dollar.

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|--|
| Name <input type="text"/> | From (MMDD) <input type="text"/> | To (MMDD) <input type="text"/> | Amount paid \$ <input type="text"/> |
|------------------------------|-------------------------------------|-----------------------------------|--|

.00

| | |
|---------------------------------|--|
| Address <input type="text"/> | Taxpayer identification number (TIN) <input type="text"/> |
|---------------------------------|--|

If an individual, identify their relationship to you

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|--|
| Name <input type="text"/> | From (MMDD) <input type="text"/> | To (MMDD) <input type="text"/> | Amount paid \$ <input type="text"/> |
|------------------------------|-------------------------------------|-----------------------------------|--|

.00

| | |
|---------------------------------|--|
| Address <input type="text"/> | Taxpayer identification number (TIN) <input type="text"/> |
|---------------------------------|--|

If an individual, identify their relationship to you

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|--|
| Name <input type="text"/> | From (MMDD) <input type="text"/> | To (MMDD) <input type="text"/> | Amount paid \$ <input type="text"/> |
|------------------------------|-------------------------------------|-----------------------------------|--|

.00

| | |
|---------------------------------|--|
| Address <input type="text"/> | Taxpayer identification number (TIN) <input type="text"/> |
|---------------------------------|--|

If an individual, identify their relationship to you

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|--|
| Name <input type="text"/> | From (MMDD) <input type="text"/> | To (MMDD) <input type="text"/> | Amount paid \$ <input type="text"/> |
|------------------------------|-------------------------------------|-----------------------------------|--|

.00

| | |
|---------------------------------|--|
| Address <input type="text"/> | Taxpayer identification number (TIN) <input type="text"/> |
|---------------------------------|--|

If an individual, identify their relationship to you

| | | | |
|------------------------------|-------------------------------------|-----------------------------------|--|
| Name <input type="text"/> | From (MMDD) <input type="text"/> | To (MMDD) <input type="text"/> | Amount paid \$ <input type="text"/> |
|------------------------------|-------------------------------------|-----------------------------------|--|

.00

| | |
|---------------------------------|--|
| Address <input type="text"/> | Taxpayer identification number (TIN) <input type="text"/> |
|---------------------------------|--|

If an individual, identify their relationship to you

6 Total expenses paid \$

.00