Government of the District of Columbia

2018 D-2441 Child and Dependent Care Credit for Part-Year Residents

1 8 2 4 1 0 1 1 0 0 0 0

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.

OFFICIAL USE ONLY Vendor ID# 0000

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 MMDDYYYY to MMDDYYYY

First name M.I. Last name

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

Lived in your household from MMDDYYYY to MMDDYYYY

First name M.I. Last name

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

Lived in your household from MMDDYYYY to MMDDYYYY

First name M.I. Last name

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

Lived in your household from MMDDYYYY to MMDDYYYY

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 2018. *From* MMDDYYYY *To* MMDDYYYY

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

1	**Total 2018 employment-related dependent care expenses** From federal Form 2441, Line 3 *or* total expenses paid (page 2, Line 6 of this form).	1	$ .00
2	**Employment-related dependent care expenses paid in 2018 while you were a DC resident**	2	$ .00
3	Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)	3	0.
4	**DC full-year dependent care credit** Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32)	4	$ .00
5	**DC part-year dependent care credit** Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 19 of Form D-40.	5	$ .00

ATTACH THIS FORM TO YOUR FORM D-40.

1 8 2 4 1 0 1 2 0 0 0 0

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

Dependent care expenses

Complete for all people or organizations who provided care during 2018 so that you could work or look for work.

Name | From (MMDDYYYY) | To (MMDDYYYY)

Address | *Taxpayer identification number (TIN)* | Amount paid $ .00

If an individual, identify their relationship to you | *Round cents to nearest dollar.*

Name | From (MMDDYYYY) | To (MMDDYYYY)

Address | *Taxpayer identification number (TIN)* | Amount paid $ .00

If an individual, identify their relationship to you | *Round cents to nearest dollar.*

Name | From (MMDDYYYY) | To (MMDDYYYY)

Address | *Taxpayer identification number (TIN)* | Amount paid $ .00

If an individual, identify their relationship to you | *Round cents to nearest dollar.*

Name | From (MMDDYYYY) | To (MMDDYYYY)

Address | *Taxpayer identification number (TIN)* | Amount paid $ .00

If an individual, identify their relationship to you | *Round cents to nearest dollar.*

Name | From (MMDDYYYY) | To (MMDDYYYY)

Address | *Taxpayer identification number (TIN)* | Amount paid $ .00

If an individual, identify their relationship to you | *Round cents to nearest dollar.*

6 Total expenses paid $ .00