



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

OFFICIAL USE ONLY Vendor ID# 0002

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)

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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		MMDDYYYY	MMDDYYYY	Round cents to nearest dollar. If amount is zero, leave line blank.
Enter dates you were a DC resident in 2018. From			To	
1	Total 2018 employment-related dependent care expenses From <u>federal</u> Form 2441, Line 3 <u>or</u> 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 <u>federal</u> 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.

