





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 Date of birth (MMDDYYYY) Taxpayer identification number (TIN) Relationship to you Lived in your household from MMDDYYYY to MMDDYYYY First name M.I. Last name Taxpayer identification number (TIN) Date of birth (MMDDYYYY) Relationship to you Lived in your household from MMDDYYYY to MMDDYYYY First name Last name Date of birth (MMDDYYYY) Taxpayer identification number (TIN) Relationship to you Lived in your household from MMDDYYYY to MMDDYYYY First name MΙ Last name Date of birth (MMDDYYYY) Taxpaver identification number (TIN) Relationship to you Lived in your household from MMDDYYYY to MMDDYYYY If you need to list additional dependents, attach a statement with the same information for them. MMDDYYYY MMDDYYYY DC credit Round cents to nearest dollar. If amount is zero, leave line blank. Enter dates you were a DC resident in 2019. From То .00 1 Total 2019 employment-related dependent care expenses From federal Form 2441, Line 3 or total expenses paid (page 2, Line 6 of this form). .00 2 Employment-related dependent care expenses paid in 2019 while you were a DC resident 2 3 3 Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55) 4 DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, .00 4 Line 9 x .32) .00 5 DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 24 of Form D-40.

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 2019 so that you could work or look for work.		
Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
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
Addicas	raxpayer rachamedran namber (TITV)	\$ .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
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
If an individual, identify their relationship to you		Round cents to nearest dollar.
6 Total expenses paid		\$ .00