

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.



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OFFICIAL USE ONLY Vendor ID# 0000

Name as shown c	n Form D-40
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Taxpayer identification number (TIN)

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Before you begin –						
You must meet the following require		1:				
• You are a part-year resident of DC;						
• You are filing a part-year DC D-40						
You were eligible to claim the child	and dependent care	cre	dit on your federal return.			
Qualifying dependents Complete for	all qualifying individuals for	or w	hom you claimed expenses on your federal F	Form 24	441.	
First name	Μ	<i>I</i> .I.	Last name			
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)	
Lived in your household from MMDDYYYY to MM	DDYYYY					
First name	M	A.I.	Last name			
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)	
Lived in your household from MMDDYYYY to MM	DDYYYY					
First name	N	A.I.	Last name			
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)	
		Т				
Lived in your household from MMDDYYYY to MM	DDYYYY					
First name	M	A.I.	Last name			
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)	
		т				
Lived in your household from MMDDYYYY to MM	DDYYYY					
If you need to list additional depe	endents attach a st	atei	ment with the same information f	or the	m	
in you need to not additional depe						
DC credit	M	1MDI	DYYYY MMDDYYYY		I cents to nearest dollar.	
Enter dates you were a DC resider		_	То		ount is zero, leave line blank.	00
1 Total 2020 employment-related or total expenses paid (page 2, Line 6		nse	S From tederal Form 2441, Line 3	1	2	.00
		1 20	20 while you were a DC resident	2		.00
3 Divide Line 2 amount by Line 1 amour				3		
				3		
4 DC full-year dependent care cree Line 9 x .32)	uit multiply your allowab	Die te	eueral credit (from <u>tederal</u> Form 2441,	4		.00

5 DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 20 of Form D-40.

ATTACH THIS FORM TO YOUR FORM D-40.

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Enter your last name	Enter your taxpayer identification number (TIN)	
Dependent care expenses Complete for all peo	ole or organizations who provided care during 2020 so that you could work or look for work.	
Name	From (MMDDYYYY) To (MMDDYYYY)	
Address	Taxpayer identification number (TIN) Amount paid	.00
f an individual, identify their relationship to you	Round cents to nearest dolla	ar.
Name	From (MMDDYYYY) To (MMDDYYYY)	
Address	Taxpayer identification number (TIN) Amount paid \$ \$.00
f an individual, identify their relationship to you	Round cents to nearest dolla	∍r.
Varne	From (MMDDYYYY) To (MMDDYYYY)	
Address	Taxpayer identification number (TIN) Amount paid \$.00
f an individual, identify their relationship to you	Round cents to nearest doll	ar.
Name	From (MMDDYYYY) To (MMDDYYYY)	
Address	Taxpayer identification number (TIN) Amount paid \$ \$.00
f an individual, identify their relationship to you	Round cents to nearest dolla	₹r.
Name	From (MMDDYYYY) To (MMDDYYYY)	
Address	Taxpayer identification number (TIN) Amount paid \$ •	00
f an individual, identify their relationship to you	Round cents to nearest dolla	r.
6 Total expenses paid	\$.00