



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# 0002
Name as shown on Form D-40			Taxpayer identification nur	mber (TIN)	
Before you begin –					
You must meet the following requ	irements to use this t	form:			
 You are a part-year resident of D 					
• You are filing a part-year DC D-					
You were eligible to claim the cl		are cr	edit on your federal return.		
Qualifying dependents Complete	for all qualifying individu	alc for	whom you claimed expenses on your federal F	orm 211	1
	ior all qualifying murviuu			UIIII 244	1.
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
raxpayer identification frumber (Thv)	Relationship to you	т			bate of biltin (MIMIDD1111)
Lived in your household from MMDDYYYY to	MMDDYYYY	-			
		П			
First name		M.I.	Last name		
Tildending			Eddt Hallie		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		т			
Lived in your household from MMDDYYYY to	MMDDYYYY	_			
		П			
First name		MI	Last name		
First name		M.I.	Last Hallie		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
Taxpayer Tachtimeation Hamber (1117)	relationship to you	т		7 1	ace of share (MINISSTITITY)
Lived in your household from MMDDYYYY to	MMDDYYYY	_			
		П			
First name		M.I.	Last name		
Toyngyay identification number (TIM)	Polotionohin to you				Date of birth (MMDDYYYY)
Taxpayer identification number (TIN)	Relationship to you	_		7 .	Date of birth (MMDD1111)
Lived in your household from MMDDYYYY to	MMDDYYYY				
Elved in your floasefloid floir wild by first to	MINIODITITI				
If you need to list additional de	anendents attach a	a state	ement with the same information f	or than	n
DC credit		IVIIVII	DDYYYY MMDDYYYY		ents to nearest dollar. nt is zero, leave line blank.
Enter dates you were a DC resid					It is zero, leave line blank.
Total 2022 employment-relat 3 <u>or</u> total expenses paid (page 2, Li		xpens	es From <u>federal</u> Form 2441, Line	1 \$.00
Employment-related dependent care expenses paid in 2022 while you were a DC resident					.00
Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)					
DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9c x .32)				3 4 \$.00
DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 21 of Form D-40.			5 \$.00	

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 people or organizations w	who provided care during 2022 so that you could wo	rk or look for work.
News	From (MMDDYYYY)	T- (MMDDVVVV)
Name	Froiti (WINDDTTTT)	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
nuuless	laspayer identification number (TIV)	\$.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
riudio3	laspayer racinalisation riamber (TIIV)	\$.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
, Radios	laxpayer racritination names (1111)	\$.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

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