



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 USI	E ONLY	Vendor ID# 0000
Name as shown on Form D-40			Taxpayer identification nu	mber (TIN)	
Before you begin –					
You must meet the following requ	irements to use this f	form:			
 You are a part-year resident of I 					
You are filing a part-year DC D-					
You were eligible to claim the		are cr	edit on your federal return.		
Qualifying dependents Complete	for all qualifying individu	ala far	whom you claimed expenses on your federal F		1
	for all qualifying mulviuu			01111 244	1.
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
Taxpayer Identification Humber (Tity)	relationship to you	т			odic of birth (MMDD1111)
Lived in your household from MMDDYYYY to	MMDDYYYY	-			
		П			
First name		M.I.	Last name		
That halle		IVI.II.	East Harrie		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		т			
Lived in your household from MMDDYYYY to	MMDDYYYY	-			
Entoni			Latina and		
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
Taxpayer Identification Transact (Tity)	relationship to you	т			odic of birth (MINIDB1111)
Lived in your household from MMDDYYYY to	MMDDYYYY				
		П			
First name		M.I.	Last name		
Tourney identification number (TIM)	Polotionohio to vou				Date of birth (MMDDYYYY)
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDD1111)
Lived in your household from MMDDYYYY to	MMDDYYYY				
Eived in your nousenord noin mimber in to					
If you need to list additional do	enendents attach :	a state	ement with the same information f	for ther	n
	spendents, attach a			ioi tiici	
DC credit		IVIIVII	DDYYYY MMDDYYYY		ents to nearest dollar. nt is zero, leave line blank.
Enter dates you were a DC resi			70		.OC
Total 2022 employment-relat 3 <u>or</u> total expenses paid (page 2, Li		xpens	es From <u>tederal</u> Form 2441, Line	1 \$.00
2 Employment-related dependent care expenses paid in 2022 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					
DC full-year dependent care credit Multiply your allowable federal credit (fi			federal credit (from <u>federal</u> Form 2441,	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.			t by the Line 3 decimal.	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	who provided care during 2022 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 If an individual, identify their relationship to you	Taxpayer identification number (TIN) Amount paid Round cents to nearest dollar.
Name Address	From (MMDDYYYY) To (MMDDYYYY) 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.
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

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