





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			
Nan	e 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						
Тахі	payer identification number (TIN) Relationship to y	ou	Date of birth (MMDDYYYY)			
Lived in your household from MMDDYYYY to MMDDYYYY						
Firs	t name	M.I.	. Last name			
Tax	payer identification number (TIN) Relationship to y	ou	Date of birth (MMDDYYYY)			
Lived in your household from MMDDYYYY to MMDDYYYY						
Firs	t name	M.I.	. Last name			
Tay	payer identification number (TIN) Relationship to y	1011	Date of birth (MMDDYYYY)			
Ιαλ	nayer identification number (TNV) Relationship to y	ou	Date of Billi (wiwiDD1111)			
Lived in your household from MMDDYYYY to MMDDYYYY						
Firs	t name	M.I.	. Last name			
Ļ						
Taxı	payer identification number (TIN) Relationship to y	ou	Date of birth (MMDDYYYY)			
Live	Lived in your household from MMDDYYYY to MMDDYYYY					
		ш				
If you need to list additional dependents, attach a statement with the same information for them.						
DC	credit	MME	IDDYYYY MMDDYYYY Round cents to nearest dollar.			
1	Enter dates you were a DC resident in 2023. From Total 2023 employment-related dependent ca 3 or total expenses paid (page 2, Line 6 of this form).	re expense	To If amount is zero, leave line blank. See From federal Form 2441, Line 1			
2	Employment-related dependent care expenses	paid in 2	2023 while you were a DC resident 2 \$.00			
3	Divide Line 2 amount by Line 1 amount. (The result wil	I be a decim	mal, for example: 0.55)			
4	DC full-year dependent care credit Multiply you Line 9c x .32)	r allowable t	4 \$.00			
5	DC part-year dependent care credit Multiply Lir Enter the amount on Line 21 of Form D-40.	ie 4 amount	nt by the Line 3 decimal. 5 \$.00			

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 2023 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	Taxpayer identification number (TIN)	Amount paid			
		\$.00			
If an individual, identify their relationship to you		Round cents to nearest dollar.			
Name	France (MMDDV0000)	T- (MMDDV////)			
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)			
	TIGHT (MIMBSTTT)				
Address	Taxpayer identification number (TIN)	Amount paid			
		\$.00			
If an individual, identify their relationship to you		Round cents to nearest dollar.			
Normal	F (AMADDAAAA)	T. (MMDD)(000)			
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.			
		00			
6 Total expenses paid		\$.00			