





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 US	E ONLY	Vendor ID# 0000
Name as shown on Form D-40			Taxpayer identification nu	ımber (TIN,)
Before you begin –					
You must meet the following require	rements to use this f	orm:			
You are a part-year resident of D					
• You are filing a part-year DC D-4	0 return; and				
• You were eligible to claim the ch	ild and dependent c	are cr	edit on your federal return.		
Qualifying dependents Complete for	or all qualifying individua	als for v	whom you claimed expenses on your federal	Form 244	11.
First name	5. a qua,ga	M.I.	Last name		
That haire		141.11.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		П			
Lived in your household from MMDDYYYY to M	IMDDYYYY	_			
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		П			
Lived in your household from MMDDYYYY to N	IMDDYYYY				
		Ш			
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		П			
Lived in your household from MMDDYYYY to M	IMDDYYYY				
		Ш			
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		П			
Lived in your household from MMDDYYYY to N	IMDDYYYY				
		ш			
If you need to list additional de	pendents, attach a	state	ement with the same information	for ther	n.
DC credit		MMI	DDYYYY MMDDYYYY	Round	cents to nearest dollar.
Enter dates you were a DC resid	ent in 2023. From	ш	То		nt is zero, leave line blank.
Total 2023 employment-relate 3 <u>or</u> total expenses paid (page 2, Lin	d dependent care e	xpense	es From federal Form 2441, Line	1 \$.00
2 Employment-related dependen	2 Employment-related dependent care expenses paid in 2023 while you were a DC resident 2 \$				
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 feder. Line 9c x .32)				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	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 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	\$.00 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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