

2005 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



OFFICIAL USE ONLY

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLMNOPQRSTUVWXYZ YOUR SOCIAL SECURITY NUMBER 123456789

Qualifying dependents Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQRST
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQRST
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

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First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQRST
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

DC credit

Table with 5 rows for DC credit calculation. Includes instructions: Round cents to the nearest dollar. Enter period you were a DC resident in 2005 (MMDD) From MMDD To MMDD. If amount is zero, leave the line blank.

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name ABCDEFGHIJKLMNOPQ
Your SSN 123456789



Dependent care expenses Complete for all people or organizations who provided care during **2005** so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address	Social security or Fed. employer ID number		
123456789	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address	Social security or Fed. employer ID number		
123456789	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address	Social security or Fed. employer ID number		
123456789	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address	Social security or Fed. employer ID number		
123456789	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address	Social security or Fed. employer ID number		
123456789	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

6 Total expenses paid \$ 123456.00

You must meet **all** of the following requirements to use this form:

- You are a part-year resident of DC;
- You are filing a part-year D-40 return; and
- You were eligible to claim the child and dependent care credit on your federal return

If you are a full-year resident of DC, do not file this form - file Form D-40 to claim this credit.