

2006 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

Before you begin

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 DC 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.

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 ABCDEFGHIJKLMNOPQ
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 ABCDEFGHIJKLMNOPQ
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 ABCDEFGHIJKLMNOPQ
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 ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

If you need to list additional dependents, attach a statement with their information.

DC credit

Table with 5 rows for DC credit calculation. Columns include line number, description, and amount. Row 1: Total 2006 employment-related dependent care expenses. Row 2: Employment-related dependent care expenses paid in 2006. Row 3: Divide Line 2 amount by Line 1. Row 4: DC dependent care credit. Row 5: DC part-year dependent care credit.

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 2006 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDD)	To (MMDD)	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 (MMDD)	To (MMDD)	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 (MMDD)	To (MMDD)	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 (MMDD)	To (MMDD)	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 (MMDD)	To (MMDD)	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