



Government of the District of Columbia

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



0 5 2 4 1 0 1 1 0 0 0 0

**Important:** Calculate your federal child and dependent credit first. Print in CAPITAL letters using black ink. Leave lines blank that do not apply to you.

OFFICIAL USE ONLY

Name as shown on Form D-40

Your social security number

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

First name M.I. Last name

Social security number Relationship to you

Lived in your household From To (MM/DD/YY)

First name M.I. Last name

Social security number Relationship to you

Lived in your household From To (MM/DD/YY)

First name M.I. Last name

Social security number Relationship to you

Lived in your household From To (MM/DD/YY)

First name M.I. Last name

Social security number Relationship to you

Lived in your household From To (MM/DD/YY)

First name M.I. Last name

Social security number Relationship to you

Lived in your household From To (MM/DD/YY)

### DC credit

Enter period you were a DC resident in 2005. (MM/DD) From To

Round cents to the nearest dollar. If the amount is zero, leave the line blank.

<b>1</b>	<b>Total 2005 employment-related dependent care expenses</b> From federal Form 2441, Line 15 or total expenses paid from side 2 (of this form), Line 6.	1	\$								<b>.00</b>
<b>2</b>	<b>Employment-related dependent care expenses paid in 2005 while you were a DC resident</b>	2	\$								<b>.00</b>
<b>3</b>	Divide line 2 amount by Line 1. (This will be a decimal number, for example: 0.55.)	3				<b>0.</b>					
<b>4</b>	<b>DC dependent care credit</b> Multiply your allowable federal credit (2441, Line 9 or 1040A, Sch. 2, Line 9) x .32	4	\$								<b>.00</b>
<b>5</b>	<b>DC part-year dependent care credit</b> Multiply Line 4 by Line 3 decimal. Enter amount on line 25 of Form D-40.	5	\$								<b>.00</b>

ATTACH THIS FORM TO YOUR FORM D-40.

2005 D-2441 P1

Child and Dependent Care Credit for Part-Year Residents

Revised 10/05



Enter your last name.

Enter your social security number.

**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 <input type="text"/>	From (MM/DD) <input type="text"/>	To (MM/DD) <input type="text"/>	Amount paid <input type="text"/> <b>.00</b>
---------------------------	-----------------------------------	---------------------------------	---

Address <input type="text"/>	Social security or Fed. employer ID <input type="text"/>
------------------------------	--

If an individual, identify their relationship to you

Name <input type="text"/>	From (MM/DD) <input type="text"/>	To (MM/DD) <input type="text"/>	Amount paid <input type="text"/> <b>.00</b>
---------------------------	-----------------------------------	---------------------------------	---

Address <input type="text"/>	Social security or Fed. employer ID <input type="text"/>
------------------------------	--

If an individual, identify their relationship to you

Name <input type="text"/>	From (MM/DD) <input type="text"/>	To (MM/DD) <input type="text"/>	Amount paid <input type="text"/> <b>.00</b>
---------------------------	-----------------------------------	---------------------------------	---

Address <input type="text"/>	Social security or Fed. employer ID <input type="text"/>
------------------------------	--

If an individual, identify their relationship to you

Name <input type="text"/>	From (MM/DD) <input type="text"/>	To (MM/DD) <input type="text"/>	Amount paid <input type="text"/> <b>.00</b>
---------------------------	-----------------------------------	---------------------------------	---

Address <input type="text"/>	Social security or Fed. employer ID <input type="text"/>
------------------------------	--

If an individual, identify their relationship to you

Name <input type="text"/>	From (MM/DD) <input type="text"/>	To (MM/DD) <input type="text"/>	Amount paid <input type="text"/> <b>.00</b>
---------------------------	-----------------------------------	---------------------------------	---

Address <input type="text"/>	Social security or Fed. employer ID <input type="text"/>
------------------------------	--

If an individual, identify their relationship to you

<b>6 Total expenses paid</b>	Amount paid <input type="text"/> <b>.00</b>
------------------------------	---

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.