



Important: First calculate your federal return child and dependent care credit.

This is a **FILL-IN** format. Please do not **handwrite** any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID# 0002

Name as shown on Form D-40

Your social security number

**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  
 Social security number Relationship to you Date of birth (MMDDYYYY)  
 Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name  
 Social security number Relationship to you Date of birth (MMDDYYYY)  
 Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name  
 Social security number Relationship to you Date of birth (MMDDYYYY)  
 Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name  
 Social security number Relationship to you Date of birth (MMDDYYYY)  
 Lived in your household from MMDDYY to MMDDYY

If you need to list additional dependents, attach a statement with the same information for them.

DC credit		M M D D	M M D D	Round cents to the nearest dollar. If the amount is zero, leave the line blank.
Enter dates you were a DC resident in 2016.		From	To	
1	<b>Total 2016 employment-related dependent care expenses</b> From <u>federal</u> Form 2441, Line 3 <u>or</u> total expenses paid (page 2, Line 6 of this form).			1 \$ .00
2	<b>Employment-related dependent care expenses paid in 2016 while you were a DC resident</b>			2 \$ .00
3	Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)			3 0.
4	<b>DC full-year dependent care credit</b> Multiply your allowable federal credit (from <u>federal</u> Form 2441, Line 9 x .32)			4 \$ .00
5	<b>DC part-year dependent care credit</b> Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 22 of Form D-40.			5 \$ .00

ATTACH THIS FORM TO YOUR FORM D-40.



Enter your last name.

Enter your social security number.

**Dependent care expenses** Complete for all people or organizations who provided care during 2016 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDD)	To (MMDD)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

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

If an individual, identify their relationship to you

Name	From (MMDD)	To (MMDD)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

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

If an individual, identify their relationship to you

Name	From (MMDD)	To (MMDD)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

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

If an individual, identify their relationship to you

Name	From (MMDD)	To (MMDD)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

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

If an individual, identify their relationship to you

Name	From (MMDD)	To (MMDD)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

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

If an individual, identify their relationship to you

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

