



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 USE ONLY Vendor ID# 0000

Name as shown on Form D-40

Taxpayer identification number (TIN)

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
 Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)
 Lived in your household from MMDDYY to MMDDYY

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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 nearest dollar. If amount is zero, leave line blank.
Enter dates you were a DC resident in 2017.		From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1	Total 2017 employment-related dependent care expenses From <u>federal</u> Form 2441, Line 3 <u>or</u> total expenses paid (page 2, Line 6 of this form).	1	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2	Employment-related dependent care expenses paid in 2017 while you were a DC resident	2	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3	Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)	3							0.	<input type="text"/>
4	DC full-year dependent care credit Multiply your allowable federal credit (from <u>federal</u> Form 2441, Line 9 x .32)	4	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
5	DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 22 of Form D-40.	5	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

ATTACH THIS FORM TO YOUR FORM D-40.

