



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# 0002

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 MMDDYYYY to MMDDYYYY

First name M.I. Last name
 Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)
 Lived in your household from MMDDYYYY to MMDDYYYY

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 Lived in your household from MMDDYYYY to MMDDYYYY

First name M.I. Last name
 Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY)
 Lived in your household from MMDDYYYY to MMDDYYYY

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

DC credit	MMDDYYYY	MMDDYYYY	Round cents to nearest dollar. If amount is zero, leave line blank.
1 Total 2021 employment-related dependent care expenses From <u>federal</u> Form 2441, Line 3 or total expenses paid (page 2, Line 6 of this form).	<input type="text"/>	To <input type="text"/>	1 \$ <input type="text"/> .00
2 Employment-related dependent care expenses paid in 2021 while you were a DC resident			2 \$ <input type="text"/> .00
3 Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)			3 <input type="text"/>
4 DC full-year dependent care credit Multiply your allowable federal credit (from <u>federal</u> Form 2441, Line 10 or Line 11 x .32)			4 \$ <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 21 of Form D-40.			5 \$ <input type="text"/> .00

ATTACH THIS FORM TO YOUR FORM D-40.



Enter your last name

Enter your taxpayer identification number (TIN)

Dependent care expenses Complete for all people or organizations who provided care during 2021 so that you could work or look for work.

Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		\$.00 Round cents to nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		\$.00 Round cents to nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		\$.00 Round cents to nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		\$.00 Round cents to nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		\$.00 Round cents to nearest dollar.

6 Total expenses paid		\$.00
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