

2021 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 9999

NAME AS SHOWN ON FORM D-40 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer identification number (TIN) 99999999

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)
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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

Enter dates you were a DC resident in 2021 From 99999999 To 99999999 Round cents to the nearest dollar. If amount is zero, leave the line blank.

Table with 5 rows: Total 2021 employment-related dependent care expenses, Employment-related dependent care expenses paid in 2021, Divide Line 2 amount by Line 1 amount, DC full year dependent care credit, DC part-year dependent care credit.

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Your TIN 999999999



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

Round cents to the nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
6 Total expenses paid			99999999.00