Government of the		
District of Columbia 2024	D-2441 SUB	
	Child and Dependent Care Credit	
	for Part-Year Residents	
		SOFTWARE DEVELOPER USE ONLY
Important: First calculate your fee	deral return child and dependent care credit.	
NAME AS SHOWN ON FORM D-40	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xpayer identification number (TIN) 999999999
Before you begin		
You must meet the following requir		
You are a part-year resident of You are filing a part-year DC F		
• You were eligible to claim the d	child and dependent care credit on your federal re	turn.
Qualifying dependents Co	omplete for all qualifying individuals for whom you	alaimad avranaga an your fadaral Farm 2441
Qualitying dependents ca	Simplete for all qualitying mornouals for whom you	i claimed expenses on your rederal form 2441
First name	M.I. Last nam	
		XXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYYY)
9999999999		999999999
Lived in your household from MMDDYY		
99999999999999999999999999999999999999		
First name	M.I. Last name	
XXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYYY)
999999999	XXXXXXXXXXXXXXXX	99999999
Lived in your household from MMDDYY	YY To MMDDYYYY	
99999999 99999999		
First name	M.I. Last nam	
XXXXXXXXXXXXXXXXX	X XXXX	XXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYY)
999999999	XXXXXXXXXXXXXXXX	99999999
Lived in your household from MMDDYY		
99999999 99999999		
+++++++++++++++++++++++++++++++++++++++		
First name	M.I. Last nam	
XXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYY)
Lived in your household from MMDDYY		
99999999 99999999		
	dependents, attach a statement with the	same information for them.
If you need to list additional	dependents, attach a statement with the	
If you need to list additional DC credit	dependents, attach a statement with the MMDDYYYY	MMDDYYYY Round cents to the nearest dollar.
If you need to list additional DC credit Enter dates you were a DC re	dependents, attach a statement with the MMDDYYYY esident in 2024 From 99999999 To	MMDDYYYY Round cents to the nearest dollar. 999999999 If amount is zero, leave the line blank.
If you need to list additional DC credit Enter dates you were a DC re 1 Total 2024 employment-r	dependents, attach a statement with the MMDDYYYY esident in 2024 From 99999999 To related dependent care expenses. From <u>feder</u>	MMDDYYYY Round cents to the nearest dollar. 999999999 If amount is zero, leave the line blank.
If you need to list additional DC credit Enter dates you were a DC red Total 2024 employment-r <i>Line 3 <u>or</u> total expenses paid</i>	dependents, attach a statement with the MMDDYYYY esident in 2024 From 9999999 To related dependent care expenses. From <u>feder</u> I (page 2, Line 6 of this form).	MMDDYYYY Round cents to the nearest dollar. 99999999 If amount is zero, leave the line blank. ral Form 2441, 1 99999999.00
If you need to list additional DC credit Enter dates you were a DC red Total 2024 employment-r <i>Line 3 or total expenses paid</i>	dependents, attach a statement with the MMDDYYYY esident in 2024 From 99999999 To related dependent care expenses. From <u>feder</u>	MMDDYYYY Round cents to the nearest dollar. 9999999 If amount is zero, leave the line blank. ral Form 2441, 1 99999999.00
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If you need to list additional DC credit Enter dates you were a DC re 1 Total 2024 employment-r <i>Line 3 <u>or</u> total expenses paid</i> 2 Employment-related depen	dependents, attach a statement with the MMDDYYYY esident in 2024 From 9999999 To related dependent care expenses. From <u>feder</u> I (page 2, Line 6 of this form).	MMDDYYYY Round cents to the nearest dollar. 9999999 If amount is zero, leave the line blank. al Form 2441, 1 9999999.00 vere a DC resident. 2 9999999.00
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If you need to list additional DC credit Enter dates you were a DC redit 1 Total 2024 employment-related 2 Employment-related deper 3 Divide Line 2 amount by Line 4 DC full year dependent c. 2441, Line 9c) by .32 5 DC part-year dependent c.	dependents, attach a statement with the MMDDYYYY esident in 2024 From 99999999 To related dependent care expenses. From <u>feder</u> (page 2, Line 6 of this form). Indent care expenses paid in 2024 while you will e 1 amount. (The result will be a decimal, for exa are credit Multiply your allowable federal credit care credit Multiply Line 4 amount by the Line 3	MMDDYYYY Round cents to the nearest dollar. 9999999 If amount is zero, leave the line blank. al Form 2441, 1 99999999.00 vere a DC resident. 2 999999999.00 mple: 0.55) 3 9.99 (from federal Form 4 99999999.00 3 9.99 00
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1 2 3 4

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Your last name Your TIN



Dependent care expenses Complete for all	l people o	r organizations wl	no provided care during	2024 so that you co	uld work or look for work.
					Round cents to the
					nearest dollar.
Name			From (MMDDYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid
*****	XXXXX.	XXXXXXX			999999999.00
Address			Taxpayer identification num	nber (TIN)	
xxxxxxxxxxxxxxxxxxxxxxxxx	XXXXX		9999999999		
City	State	Zip code	If an individual, identify	their relationship to you	
*****	XX	99999	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Name			From (MMDDYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 9999999.00
*****	XXXX.	ΧΧΧΧΧΧ			.00.66666666
Address			Taxpayer identification num	iber (TIN)	
xxxxxxxxxxxxxxxxxxxxxxxxx					
	State	Zip code	If an individual, identify		· · · · · · · · · · · · · · · · · · ·
*****	XX	99999	XXXXXXXXXX	xxxxxxXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
· · · · · · · · · · · · · · · · · · ·					
Name VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	~~~~~	VVVVVV	From (MMDDYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 9999999.00
xxxxxxxxxxxxxxxxxxxxxxxxx	AAXX.	ΛΛΛΛΛΧΧ			.00
Address	~~~~~	VVVVVV	Taxpayer identification num	iber (IIN)	

City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State XX	Zip code 99999	If an individual, identify		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		צצעעע			XXXXXXXXXXXXXXXX
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	vvvv	XXXXXXX	From (MMDDYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 9999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxx	xxxxxx	Taxpayer identification num		
	State	Zip code			
City XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	If an individual, identify		*****
	2121			** ** ** ** ** ** ** ** ** ** ** ** **	
Name			From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
	xxxx	xxxxxx	999999999	999999999	9999999999.00
Address			Taxpayer identification num		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXXXXXX	9999999999		
City	State	Zip code	If an individual, identify	their relationship to you	
xxxxxxxxxxxxxxxxxxxxxxx	XX	99999			xxxxxxxxxxxx
6 Total expenses paid					999999999.00
Paying 07/2024					
Revised 07/2024					

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 66 66 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85