	ernment of the rict of Columbia	2024	Schedule ELC Keep Child Care Affordable Tax Credit	2 4 E L C 0	S 1 0 0 0 1
0				SC	OFTWARE DEVELOPER USE ONLY
			40 only if you have an eligible child.		NDOR ID# 9999
	me(s) shown or				
Your first name M.I. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Taxpayer Identification Number	
	ore you begin:				
•	Be sure the ch at the time we	nild's name on process your	e sure that 1) you can take the Keep Child Line 2 and the taxpayer identification nun return, we may reduce or disallow your EL -800-772-1213.	nber (TIN) on Line 3 match with the elig	ible child's social security card. Otherwi
Eligible Child Information			Child 1	Child 2	Child 3
	Is this child a		X Yes. STOP, your child is	X Yes. STOP, your child is	X Yes. STOP, your child is
$\square$	the District's s		not eligible for this credit.	not eligible for this credit.	not eligible for this credit.
	child care pro	gram?	X No. Go to Line 1b.	X No. Go to Line 1b.	X No. Go to Line 1b.
1b	Was the child 4 as of 09/30		X Yes. Go to Line 2.	X Yes. Go to Line 2.	X Yes. Go to Line 2.
	4 as of 09/30	/2024:	X No. STOP, your child is not eligible for this credit.	X No. STOP, your child is not eligible for this credit.	X No. STOP, your child is not eligible for this credit.
2	Child's name		First name	First name	First name
			XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
			Last name	Last name	Last name
_			XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
3	Child's taxpay identification		999999999	999999999	999999999
4	Child's Date		(MMDDYYYY)	(MMDDYYY)	(MMDDYYYY)
	onna s Date e		99999999	99999999	99999999
5	Child's relatio	nship to you	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX
6	Name of Child		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
	Development		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
7a	Child Develop License Numb	ber	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
7b	Is the child de facility operate	d by the feder	al X Yes.	X Yes.	X Yes.
	government or provider on fee	by a private	X No.	X No.	X No.
8	Child Develop				
	Facility taxpay identification	/er number	999999999	999999999	999999999
	For payment purposes, was the child under age 3 as of 09/30/2024?		X Yes. Include payments made for care from 01/01/2024 through 12/31/2024.	X Yes. Include payments made for care from 01/01/2024 through 12/31/2024.	X Yes. Include payments made for care from 01/01/2024 through 12/31/2024.
			X No. Include payments made for care from 01/01/2024 through 8/31/2024.	X No. Include payments made for care from 01/01/2024 through 8/31/2024.	X No. Include payments made for care from 01/01/2024 through 8/31/2024.
10	Amount paid.	(See instruction	\$) 999999.00	999999.00	999999.00
11	1 The maximum credit you can receive for each eligible child is 1160			1160.00	1160.00
12	Enter the less Line 11 for ea child here and U, Part 1b, Li	ich eligible I on Schedule		9999.00	9999.00

66 2 3 4 5 6 7 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 44 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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85