Government of the District of Columbia

2020 SCHEDULE N SUB Non-Custodial Parent EITC Claim



ttach to Schedule U. File Sched	k ink. ules N and U with your D-40.		SOFTWARE DEVELOPER USE ONLY VENDOR ID# 9999		
rst name of non-custodial paren	t M. I. Last name	XXXXXXX			
ddress (number, street and suite,	/apartment number if applicable)				
ity XXXXXXXXXXXXXXXXX	State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Zip code + 4 999999999			
expayer Identification Number (T	Date of birth (MMDDYYYY) 9999999				
ven if you are not eligible to	claim the Federal Earned Income C	edit you may be able to claim the DC	Earned Inco	ome Tax Credit.	
		necklist to determine your eligibility to answer <u>"Yes"</u> to the following question		le N.	
			YES	NO	
	Gross Income for 2020 less than: ried filing jointly) with one qualifying	child	X	X	
	ried filing jointly) with two qualifying				
\$50,594 (\$56,844 mar	ried filing jointly) with three or more	qualifying children			
Were you a DC resident t	axpayer during the year?		X	X	
				Λ	
Were you between the ag	es of 18 and 30 as of December 31	, 2020?	X	X	
	es of 18 and 30 as of December 31 nor child(ren) with whom you do not		X		
Are you a parent of a min		reside?		X	
Are you a parent of a mir	or child(ren) with whom you do not	reside? upport payments?	X	X	
Are you a parent of a mir Are you under a court ord Was the child support pa	or child(ren) with whom you do not der requiring you to make the child so	reside? upport payments? 3 days in 2020?	X	X	
Are you a parent of a min Are you under a court ord Was the child support pa Did you make child supp	nor child(ren) with whom you do not ler requiring you to make the child so yment order in effect for at least 183	reside? upport payments? 8 days in 2020? t sponsored support collection unit?	X	X X X	

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	alifying Child Inform					
+		First Name		M. I.	Last Name	
_	Child's name, #1	XXXXXXXXXXX	XXX	X	XXXXXXXXXXXXX	XXXXXX
			212121	2 2		
	Child's name, #2	XXXXXXXXXXX	XXX	X	XXXXXXXXXXXX	XXXXXXX
	Child's name, #3	XXXXXXXXXXX	XXX	X	xxxxxxxxxxx	XXXXXXX
f y	ou have more than thr	ree qualifying children,	you only nee	d to list	three to get the maximu	m credit.
2	Child's TIN	#1	#2		#3	
		99999999	99999	99999	999999	999
2	Child's data of hinds	#1()()()	42/8484	DDWW) #2/MANDD	WWW
3	Child's date of birth		#2(MM			
+		99999999	99999	999	999999	99
4	Custodian's name	First Name		M. I.	Last Name	
		XXXXXXXXXX	XXXX	X	XXXXXXXXXXX	XXXXXXX
5	Custodian's address	Number, street and a	nartment			
_	Custodian's address			7777777	******************	
+			XXXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	anda I A
+		City XXXXXXXXXXX	XXXXXXX	ZZZZZ		code + 4 9999999
6	Custodian's TIN	99999999	ΜΑΝΙΝΑΝΑΛΑ	77777	2222 222 99	
	Custoulair 3 Till					
_						
7		t that ordered support				
	#1 XXXXXXXX	X #	ŧ2 XXXXXX	XXXX	#3	XXXXXXXX
_		h f		Name		
8	Case or Docket num		9			o which you make payments for:
8	Case or Docket num #1 99999999		9	#1	XXXXXXXXXXXX	XXX
8	Case or Docket num)	9	#1		XXX XXX
	Case or Docket num #1 99999999 #2 99999999 #3 99999999		9	#1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
	Case or Docket num #1 99999999 #2 99999999 #3 99999999	rnment agency for:		#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
	Case or Docket num #1 99999999 #2 99999999 #3 99999999			#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
	Case or Docket num #1 99999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX	rnment agency for:	XXXXXXX	#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
	Case or Docket num #1 99999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX	rnment agency for:	XXXXXXX	#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
	Case or Docket num #1 999999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX	rnment agency for:	XXXXXXXX	#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
10	Case or Docket num #1 99999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX #2 9999XXXX	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
10	Case or Docket num #1 999999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	#1 #2 #3	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
10	Case or Docket num #1 99999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX #2 9999XXXX	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	#1 #2 #3 XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX
10	Case or Docket num #1 999999999999999999999999999999999999	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX XXXXXXXX XXXXXXXXX #2 9999.0	#1 #2 #3 XXX XXX	month #3	XXX XXX XXX 9999.00 per month
110	Case or Docket num #1 999999999 #2 99999999 #3 99999999 Address of the gove #1 9999XXXX #2 9999XXXX #3 9999XXXX	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX XXXXXXXX	#1 #2 #3 XXX XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX XXX XXX
10	Case or Docket num #1 999999999999999999999999999999999999	rnment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	#1 #2 #3 XXX XXX	month #3 #2(MMDDYYYY)	XXX XXX XXX 9999.00 per month #3(MMDDYYYY)

¹⁴ Computation: Using the amount on Line 4 of Form D-40, find thecorrect Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer, see part year resident instructions in the D-40 booklet on prorating the credit to be claimed.