Government of the District of Columbia

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2020 SCHEDULE N SUB Non-Custodial Parent EITC Claim



SOFTWARE DEVELOPER USE ONLY Print in CAPITAL letters using black ink. VENDOR ID# 1234 Attach to Schedule U. File Schedules N and U with your D-40. First name of non-custodial parent M. I. Last name XXXXXXXXXXXXXX Address (number, street and suite/apartment number if applicable) 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Zip code + 4 State City XX 99999999 Taxpayer Identification Number (TIN) Date of birth (MMDDYYYY) 99999999 99999999 Even if you are not eligible to claim the Federal Earned Income Credit you may be able to claim the DC Earned Income Tax Credit. DC Non-Custodial Parent EITC Eligibility - Please complete this checklist to determine your eligibility to file Schedule N. You may claim the DC Non-Custodial Parent EITC only if you can answer "Yes" to the following questions. YES NO Is your Federal Adjusted Gross Income for 2020 less than: \$41,756 (\$47,646 married filing jointly) with one qualifying child \$47,440 (\$53,330 married filing jointly) with two qualifying children \$50,594 (\$56,844 married filing jointly) with three or more qualifying children Were you a DC resident taxpayer during the year? X Χ Were you between the ages of 18 and 30 as of December 31, 2020? Are you a parent of a minor child(ren) with whom you do not reside? Are you under a court order requiring you to make the child support payments? 5 Was the child support payment order in effect for at least 183 days in 2020? Did you make child support payment(s) through a government sponsored support collection unit? Did you pay all of the court ordered child support due for 2020 by December 31, 2020? If youanswered "Yes" to the above questions, you may claim the DC Non-Custodial parent EITC. CompleteSchedule N and attach it, and Schedule U, to your D-40.

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 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

2020 SCHEDULEN PAGE 2

	alifying Child Informa	ation		
		First Name	M. I. Last	Name
	Child's name, #1	xxxxxxxxxx	XXX X XXX	XXXXXXXXXXXXXXX
	Child's name, #2	XXXXXXXXXXX	XXX X XXX	XXXXXXXXXXXXXXX
	Child's name, #3	xxxxxxxxxx	XXX X XXX	XXXXXXXXXXXXXXX
1				to get the maximum credit.
	Child's TIN	#1	#2	#3
-		99999999	99999999	99999999
3	Child's date of birth	#1(MMDDYYYY)	#2(MMDDYYYY)	#3(MMDDYYYY)
		9999999	99999999	9999999
4	Custodian's name	First Name		t Name
		XXXXXXXXXXX	XXXX X XX	XXXXXXXXXXXXXXXX
5	Custodian's address	Number, street and a	partment	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		City		State Zip code + 4
		XXXXXXXXXXX	XXXXXXXXXXXX	XX 99999999
5	Custodian's TIN	99999999		
7	Location of the court	that ordered support	payments for	
7		that ordered support		
7	Location of the court #1 XXXXXXXXX		payments for	#3 XXXXXXXXX
	#1 XXXXXXXX	X #	2 XXXXXXXXX	
		X #	2 XXXXXXXXX 9 Name of go	#3 XXXXXXXXX vernment agency to which you make payments for:
	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X #	2 XXXXXXXX 9 Name of go #1 XX #2 XX	vernment agency to which you make payments for:
	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X #	2 XXXXXXXX 9 Name of go #1 XX #2 XX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X #	2 XXXXXXXX 9 Name of go #1 XX #2 XX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	per for:	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX	vernment agency to which you make payments for:
8	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X #	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	per for:	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oer for:	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	oer for:	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX XXXXXXXXXX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nment agency for:	2 XXXXXXXXX 9 Name of go #1 XX #2 XX #3 XX XXXXXXXXXX	vernment agency to which you make payments for:
3	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	per for: nment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 Name of go #1 XX #2 XX #3 XX XXXXXXXXX XXXXXXXXXX XXXXXXXXXX	vernment agency to which you make payments for:
10	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	mment agency for: XXXXXXXXXXXXXX XXXXXXXXXXXXX ered payment Der month #	9 Name of go #1 XX #2 XX #3 XX XXXXXXXXX XXXXXXXXXX 2 9999.00 per month	vernment agency to which you make payments for:
10	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	mment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 Name of go #1 XX #2 XX #3 XX XXXXXXXXXX XXXXXXXXXX 2 9999.00 per month L(MMDDYYYY) #2	vernment agency to which you make payments for: XXXXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXX
7 8 10	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	mment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 Name of go #1 XX #2 XX #3 XX XXXXXXXXXX XXXXXXXXXX 2 9999.00 per month L(MMDDYYYY) #2	vernment agency to which you make payments for:
10	#1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nment agency for: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9 Name of go #1 XX #2 XX #3 XX XXXXXXXXX XXXXXXXXX 2 9999990 per month 1(MMDDYYYY) #2 9999999 99	vernment agency to which you make payments for: XXXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXX

Computation: Using the amount on Line 4 of Form D-40, find the correct 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