Government of the **2021** D-2441 SUB District of Columbia Child and Dependent Care Credit for Part-Year Residents SOFTWARE DEVELOPER USE ONLY Important: First calculate your federal return child and dependent care credit. VENDOR ID# 9999 99999999 Taxpayer identification number (TIN) 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 Last name XXXXXXXXXXXXXXX Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY) 99999999 99999999 XXXXXXXXXXXXXXX Lived in your household from MMDDYYYY To MMDDYYYY 99999999 99999999 First name M.I. Last name XXXXXXXXXXXXXXX Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY) 99999999 999999999 XXXXXXXXXXXXXXX Lived in your household from MMDDYYYY To MMDDYYYY 99999999 99999999 First name M.I. Last name XXXXXXXXXXXXXXX Taxpayer identification number (TIN) Date of birth (MMDDYYYY) Relationship to you 99999999 99999999 XXXXXXXXXXXXXXX Lived in your household from MMDDYYYY To MMDDYYYY 9999999 99999999 First name Last name M.I. XXXXXXXXXXXXXXX Taxpayer identification number (TIN) Relationship to you Date of birth (MMDDYYYY) 99999999 99999999 XXXXXXXXXXXXXXX Lived in your household from MMDDYYYY To MMDDYYYY 99999999 99999999 If you need to list additional dependents, attach a statement with the same information for them. DC credit Round cents to the nearest dollar. Enter dates you were a DC resident in 2021 From 9999999 To 99999999 If amount is zero, leave the line blank 99999999.00 Total 2021 employment-related dependent care expenses. From federal Form 2441, Line 3 or total expenses paid from page 2 (of this form), Line 6. 99999999.00 Employment-related dependent care expenses paid in 2021 while you were a DC resident. 9.99 3 Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55.) 99999999.00 DC full year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 X .32)

ATTACH THIS FORM TO YOUR FORM D-40.

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 7

DC part-year dependent care credit Multiply Line 4 by the Line 3 decimal. Enter

5 999999999.00

amount here and on Line 21 of Form D-40.

