Government of the		
	-2441 SUB	
	hild and Dependent Care C	reait in the second
TC	or <u>Part-Year</u> Residents	
Important: First calculate your fed	eral return child and dependent care	
		VENDOR ID# 9999
NAME AS SHOWN ON FORM D-40	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Taxpayer identification number (TIN) 999999999
Before you begin		
You must meet the following require	ements to use this form:	
• You are a part-year resident of	DC;	
• You are filing a part-year DC D		
	hild and dependent care credit on your	federal return.
Qualifying dependents Cor	mplete for all qualifying individuals for	whom you claimed expenses on your federal Form 2441
First name	MI	Last name
	M.I	Last name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer identification number (TIN)		
Parallel Par	Relationship to you	Date of birth (MMDDYYYY)
Lived in your household from MMDDYYY 999999999 9999999999	Y IO MMDDYYYY	
First name	M.I.	Last name
XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYY)
999999999	XXXXXXXXXXXXXXXXX	99999999
Lived in your household from MMDDYYY	Y To MMDDYYYY	
99999999 99999999		
First name	M.I.	Last name
XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYYY)
999999999	XXXXXXXXXXXXXXXXXX	99999999
Lived in your household from MMDDYYY	Y To MMDDYYYY	
99999999 99999999		
First name	M.I.	Last name
XXXXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer identification number (TIN)	Relationship to you	Date of birth (MMDDYYYY)
99999999999		99999999
Lived in your household from MMDDYYY 999999999 99999999999		
If you need to list additional	dependents, attach a statement	with the same information for them.
DC credit		Round cents to the nearest dollar.
	sident in 2022 From 999999	
	elated dependent care expenses.	From federal Form 2441, 1 999999999.00
	from page 2 (of this form), Line 6.	
2 Employment-related depend	dent care expenses paid in 2022 w	hile you were a DC resident. 2 999999999.00
3 Divide Line 2 amount by Line	1 amount. (The result will be a decir	nal, for example: 0.55.) 3 9.99
4 DC full year dependent ca	re credit Multiply your allowable fea	leral credit (from federal Form 4 999999999.00
2441, Line 9c X .32)		
2441, Line 9c X .32)	are credit Multiply Line 4 by the Lin	e 3 decimal. Enter 5 99999999.00
2441, Line 9c X .32)		e 3 decimal. Enter 5 99999999.00
2441, Line 9c X .32) 5 DC part-year dependent ca	of Form D-40.	
2441, Line 9c X .32) 5 DC part-year dependent ca	of Form D-40.	e 3 decimal. Enter 5 999999999.00 TO YOUR FORM D-40.

6 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 3 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

Your last name Your TIN	XX 99			XX	Х	X	XX	ΧX	X	XX	X	X	XX	XX	٢X		_



5 6

8 9

			Round cents to the
			nearest dollar.
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	From (MMDDYYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 9999999.00
			9999999999.00
Address	Taxpayer identification numb	ber (TIN)	
<sup>r</sup> an individual, identify their relationship to you			
Vame		T. (14455)0000	
	From (MMDDYYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 999999.00
Address	Taxpayer identification numb		
	99999999999		
an individual, identify their relationship to you			
Vame	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
<pre></pre>	999999999	999999999	999999999.00
Address	Taxpayer identification numb	per (TIN)	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	9999999999		
an individual, identify their relationship to you			
<pre></pre>			
Vame	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	99999999	999999999	999999999.00
Address	Taxpayer identification numb	per (TIN)	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999		
i an individual, identify their relationship to you			
***************************************			
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	From (MMDDYYYY) 999999999	To (MMDDYYYY) 999999999	Amount paid 999999999.00
			999999999.00
Address	Taxpayer identification numb	ber (TIN)	
i an individual, identify their relationship to you			
5 Total expenses paid			9999999999.00
Revised 09/2022			