District of Columbia		SCHEDULE N SUB Non- Custodial Parent EITC Claim	2 3 0 4 0	4 S 5 0	0 0 1
Print in CAPITAL lette Attach to Schedule U.		k. N and U with your D-40.		EDEVELOPER USE	ONLY
First name of non-cus		M. I. Last name X XXXXXXXXXXXXXXXXXXX	XXXXXX		
		rtment number if applicable)			
XXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXX			
City		State	Zip code + 4		
XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999		
Taxpayer Identification	n Number (TIN)	Date of birth (MMDDYYYY)			
Even if you are not	eligible to clai	m the Federal Earned Income Credit y	you may be able to claim the [DC Earned Inco	ome Tax Credit.
		igibility - Please complete this checkli			le N.
You may claim the	DC Non-Custo	dial Parent EITC only if you can answ	er <u>"Yes"</u> to the following quest	tions.	
				YES	NO
		ss Income for 2023 less than:		YES X	NO X
46,560 (53,	120 married fi	ling jointly) with one qualifying child			
46,560 (53, 52,918 (59,	120 married fi 478 married fi	ling jointly) with one qualifying child ling jointly) with two qualifying childre			
46,560 (53, 52,918 (59, 56,838 (63,	120 married fi 478 married fi 698 married fi	ling jointly) with one qualifying child ling jointly) with two qualifying childre ling jointly) with three or more qualifyi			
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20	23 SCHEDULE	N PAGE 2							
En	ter your last name and TIN	xxxxxxxxxxxxxx 9999999999	XXXXXX	ζ		2 3	0 4 0 4	S 6 0 0	0 1
Qua	lifying Child Inform								
		First Name		M. I.	Last Nar	ne			
1	Child's name, #1	*****	XX	X	XXXXX	XXXXX	xxxxxxxx	XX	
	Child's name, #2	XXXXXXXXXXXXXX	XX	Х	XXXXX	XXXXX	XXXXXXXXX	XX	
	Child's name, #3	XXXXXXXXXXXXXXX	XX	X	XXXXX	XXXXX	xxxxxxxx	XX	
lf yo	u have more than thi	ree qualifying children, yo	u only need	d to list 1	hree to get	the maxi	mum credit.		
2	Child's TIN	#1	#2			#3			
		999999999	9999	99999	9	999	9999999		
3	Child's date of birt	h #1(MMDDYYYY)	#2(M	MDDYY	Υ)	#3(N	MMDDYYYY)		
		99999999		99999			999999		
1									
4	Custodian's name	First Name	XXX	M. X			xxxxxxxx	XXX	
							*****	7 7 7 7 7 7	
5	Custodian's addres								
		XXXXXXXXXXXXX	XXXXXX	XXXXX				1	
		City XXXXXXXXXXXXXXX	xxxxx	xxxx		tate X	Zip code + 4		
6	Custodian's TIN	9999999999							
-	Leastion of the cou	Irt that ordered support p	oumonte fe						
7	#1 XXXXXXXX						#3 XXXXX	xxxx	
		<i>πε</i>		11111111			#5 ///////		
8	Case or Docket nur	mber for:	9	9 Nam	e of govern	nment age	ency to which y	ou make paym	ents for:
	#1 99999999 #2 99999999	9					XXXXXXX		
_	#3 9999999				_		XXXXXXX XXXXXXX		
					J				
10		ernment agency for:							
_	#1 XXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXX	XXXX					
+	#2 XXXXXXX	xxxxxxxxxxxxx	xxxxx	XXXX					
		XXXXXXXXXXXXXXXX	XXXXXX	XXXX					
11	Amount of court or	dered payment							
	#1 9999.00	per month #2	99999.	. 00 p	er month		#3 9999.	00 per month	
12	Date payments we	re ordered to start #1	(MMDDYY	YY)	#2(MN	/IDDYYYY	') #3(N	1MDDYYYY)	

14 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 .70 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.

Rev 09/2023

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 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