



Important: First calculate your federal return child and dependent care credit. Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

	OFFICIAL USE	EONLY Vendor ID# 0000
Name as shown on Form D-40	Your social security nur	mber
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.	
	·	- 0.441
Qualifying dependents Complete for all qualifying individual	uals for whom you claimed expenses on your federal F	orm 2441.
First name	M.I. Last name	
Social security number Relationship to you		Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY		
First name	M.I. Last name	
Social security number Relationship to you		Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY		
First name	M.I. Last name	
Social security number Relationship to you		Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY		
First name	M.I. Last name	
Social security number Relationship to you		Date of birth (MMDDYYYY)
Lived in your household from MMDDYY to MMDDYY		
If you need to list additional dependents, attach	a statement with the same information f	or them.
DC credit	M M D D M M D D	Round cents to the nearest dollar.
Enter dates you were a DC resident in 2012.	From To	If the amount is zero, leave the line blank.
1 Total 2012 employment-related dependent care of <u>or</u> total expenses paid (page 2, Line 6 of this form).	expenses From federal Form 2441, Line 3	1 \$.00
2 Employment-related dependent care expenses pa	id in 2012 while you were a DC resident	2 \$.00
3 Divide Line 2 amount by Line 1 amount. (The result will be	a decimal, for example: 0.55)	3 0.
DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32		4 \$.00
DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 23 of Form D-40.		5 \$.00

ATTACH THIS FORM TO YOUR FORM D-40.



Enter your last name.	Enter your social security number.			
Dependent care expenses Complete for all people or organizations w	tho provided care during 2012 so	that you could work	or look for work.	
			Round cents to the nearest dollar	ar.
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or F	ed. employer ID	4	.00
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or F	ed. employer ID		
If an individual, identify their relationship to you				
	5 (444/20)	T (MMA/DD)		
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or F	ed. employer ID		
If an individual, identify their relationship to you				
in an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	
			\$.00
Address	Social security or F	ed. employer ID	1	
If an individual, identify their relationship to you			J	
Name	From (MM/DD)	To (MM/DD)	Amount paid	
			\$.00
Address	Social security or F	ed. employer ID		
If an individual, identify their relationship to you				
6 Total expenses paid			\$.00