





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.

					0	FFICIAL USE ONLY	Vendor ID# 0)000					
Name as shown on	Form D-40				Your socia	I security number							
Before you b	egin =												
	You must meet the following requirements to use this form:												
	rt-year resident of DC												
•	You are filing a part-year DC D-40 return; and												
	gible to claim the child		re cre	edit on your fede	ral return.								
Qualifying de	pendents Complete for	all qualifying individual	ls for v	whom you claimed a	avnenses on vo	ur federal Form 2	<i>11</i> 1						
First name	peridents complete for	an quantying marvidual		Last name	expenses on ye	ar reactar romin 2							
First liallie			IVI.I.	Last name									
Social security nun	her	Relationship to you					Date of birth (MMDD)	YYYY)					
occiui security riuri		relationship to you	П	$\overline{}$			Date of Birth (MMDB	,					
Lived in your house	hold from MMDDYY to MMDI	DYY	-										
First name			M.I.	Last name									
Social security num	ber	Relationship to you					Date of birth (MMDD)	YYYY)					
Lived in your house	hold from MMDDYY to MMDI	YY											
First name			M.I.	Last name									
Social security nun	ber	Relationship to you					Date of birth (MMDD)	YYYY)					
			П										
Lived in your house	hold from MMDDYY to MMDI	YY											
First name			M.I.	Last name									
								\top					
Social security nun	ber	Relationship to you					Date of birth (MMDD)	YYYY)					
			ш										
Lived in your house	hold from MMDDYY to MMDI	YY											
If you need to	list additional depe	endents, attach a	state	ement with the	same info	mation for the	em.						
DC credit				M M D D	м м	D D Round	d cents to the neares	t dollar.					
Enter d	ates you were a DC resider	nt in 2016.	From		То	If the	amount is zero, leave	e the line bla					
	5 employment-related nses paid (page 2, Line 6		pense	S From federal Fo	rm 2441, Line	3 1			.00				
2 Employme	Employment-related dependent care expenses paid in 2016 while you were a DC resident								.00				
3 Divide Line	Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)							0.					
	DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32)						\$.00				
	DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 22 of Form D-40.								.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 v	who provided care during 2016 so	that you could work			
			Round cents to the nearest dol	lar.	
Name	From (MMDD)	To (MMDD)	Amount paid	00	
Address	Social cocurity or E	adoral amployer ID	\$.00	
Address	Social security of 1	Social security or Federal employer ID			
If an individual, identify their relationship to you					
Name	From (MMDD)	To (MMDD)	Amount paid	00	
Address	Social security or F	ederal employer ID	\$.00	
numes	Goodal Security of 1				
If an individual, identify their relationship to you					
Name	From (MMDD)	To (MMDD)	Amount paid	00	
Address	Social security or F	inderel employer ID	\$.00	
Address	Social Security of F	ederal employer ID			
If an individual, identify their relationship to you					
Name	From (MMDD)	To (MMDD)	Amount paid	00	
Address	Social security or F	aderal employer ID	\$.00	
Addiess	Social security of 1	ederal employer ib			
If an individual, identify their relationship to you					
Name	From (MMDD)	To (MMDD)	Amount paid	00	
Address	Conial acquirity or F	inderel empleyer ID	\$.00	
Address	Social security or F	ederal employer ID			
If an individual, identify their relationship to you					
6 Total expenses paid			\$.00	