





This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

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 ONLY Vendor ID# 0002							
Name as shown on Form D-40						Taxpayer	identifica	ntion num	ber (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.													
Firs	t name	M.I.	Last n	ame		П	т	т				т	
Тахр	payer identification number (TIN) Relationship to you		Τ	Н	Ť	T	Ħ	П	[Date of birth (N	IMDDYYYY)	Ħ	
Live	ed in your household from MMDDYY to MMDDYY						_					_	
Firs	t name	M.I.	Last n	ame									
Тахр	payer identification number (TIN) Relationship to you			-	-			-]	Date of birth (N	IMDDYYYY)	_	
Lived in your household from MMDDYY to MMDDYY													
Firs	t name	M.I.	Last n	ame									
						Ш	Ш	Ш					
Тахр	payer identification number (TIN) Relationship to you	_							[Date of birth (N	IMDDYYYY)		
Live	d in your bounded from MMDDVV to MMDDVV	ш		ш	ш		ш	Щ				ш	
Live	d in your household from MMDDYY to MMDDYY												
Firs	t name	M.I.	Last n	ame									
	payer identification number (TIN) Relationship to you do not not not not not not not not not no		Ï	Ш				Ш	Į į	Date of birth (M	IMDDYYYY)		
If y	ou need to list additional dependents, attach	a state	ement	t with	the s	ame ir	nforma	ition fo	or then	n.			
DC	credit		M N	1 D	D	М	M D			ents to neare			
1	Enter dates you were a DC resident in 2017. From To Total 2017 employment-related dependent care expenses From federal Form 2441, Line 3 or total expenses paid (page 2, Line 6 of this form).							1 \$	nt is zero, lea	ve line blan		.00	
2	mployment-related dependent care expenses paid in 2017 while you were a DC resident								2 \$.00
3	vide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)								3		0.		
4	DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, ine 9 x .32)						,	4 \$.00	
5	DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. nter the amount on Line 22 of Form D-40.							5 \$			-	.00	

ATTACH THIS FORM TO YOUR FORM D-40.

Revised 09/2017



Enter your last name	Enter your taxpayer identification nun	nber (TIN)							
Dependent care expenses Complete for all people or organizations who provided care during 2017 so that you could work or look for work.									
			Round cents to nearest dollar.						
Name	From (MMDD)	To (MMDD)	Amount paid						
Address	Taxpayer identifica	tion number (TIN)	Ψ ΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙΙ						
If an individual, identify their relationship to you									
Name	From (MMDD)	To (MMDD)	Amount paid						
			\$.00						
Address	Taxpayer identifica	tion number (TIN)							
If an individual, identify their relationship to you									
Name	From (MMDD)	To (MMDD)	Amount paid						
			\$.00						
Address	Taxpayer identifica	tion number (TIN)							
If an individual, identify their relationship to you									
Name	From (MMDD)	To (MMDD)	Amount paid						
Address	Taxpayer identifica	tion number (TIN)	5 .00						
If an individual, identify their relationship to you									
Name	From (MMDD)	To (MMDD)	Amount paid						
Address	Taxpayer identifica	tion number (TIN)							
If an individual, identify their relationship to you									
6 Total expenses paid			\$.00						
o Total expenses paid			.00						