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

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OFFICIAL USE ONLY	Vendor ID# 0002

Name as shown on Form D-40		Taxpayer identification nu	mber (TIN)		
<ul> <li>Before you begin -</li> <li>You must meet the following requirements to use this fo</li> <li>You are a part-year resident of DC;</li> <li>You are filing a part-year DC D-40 return; and</li> <li>You were eligible to claim the child and dependent card</li> </ul>		edit on your federal return.			
Qualifying dependents Complete for all qualifying individuals	s for v	whom you claimed expenses on your federal l	Form 2441.		
First name	M.I.	Last name			
Taxpayer identification number (TIN) Relationship to you			Date of birth	(MMDDYYYY)	
Lived in your household from MMDDYYYY to MMDDYYYY	-				
First name	M.I.	Last name			
Taxpayer identification number (TIN)         Relationship to you			Date of birth	(MMDDYYYY)	
Lived in your household from MMDDYYYY to MMDDYYYY					
First name	M.I.	Last name			
Taxpayer identification number (TIN)         Relationship to you			Date of birth	(MMDDYYYY)	
Lived in your household from MMDDYYYY to MMDDYYYY					
First name	M.I.	Last name			
Taxpayer identification number (TIN)         Relationship to you			Date of birth	(MMDDYYYY)	
Lived in your household from MMDDYYYY to MMDDYYYY					
If you need to list additional dependents, attach a	state	ement with the same information	for them.		
DC credit	MME	DDYYYY MMDDYYYY	Round cents to ne	arest dollar.	
Enter dates you were a DC resident in 2018. From		То	If amount is zero,		
1 Total 2018 employment-related dependent care exp or total expenses paid (page 2, Line 6 of this form).	pense	es From federal Form 2441, Line 3	1 \$		.00
2 Employment-related dependent care expenses paid	in 2	018 while you were a DC resident	2 \$		.00
3 Divide Line 2 amount by Line 1 amount. (The result will be a	decim	nal, for example: 0.55)	3	0.	

3 Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)

4 DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32)

5 DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 19 of Form D-40.

ATTACH THIS FORM TO YOUR FORM D-40.

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## D-2441 PAGE 2



Address       Taypager identification number (TM)       Amount paid       00         Rame       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         Address       Taypager identification number (TM)       Amount paid       00         Rame       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         Address       Taypager identification number (TM)       Amount paid       00         Rame       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         Address       Taypager identification number (TM)       Amount paid       00         Rame       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         If an individual, identify their relationship to you       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         If an individual, identify their relationship to you       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         If an individual, identify their relationship to you       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         If an individual, identify their relationship to you       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)         If an individual, identify their relationship to you       Form (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)       To (MMDDYYY)       To (M	Enter your last name	Enter your taxpayer identification number (TIN)
Address       Taxaayer identification number (TI/D)       Amount paid       00         Rame       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         Address       Form (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)       To (MMDDYYYY)         Address       Form (MMDDYYYY)       To (MMDDYYY)       To (MMDDYYYY)       To (MMDDYYY)       To (MMDDYYYY)       To (MMDDYYY)       To (MMDDYYY)	Dependent care expenses Complete for all p	ople or organizations who provided care during 2018 so that you could work or look for work.
If an individual, identify their relationship to you       Image: identification number (IN)       Amount paid         Address       Tapage: identification number (IN)       Amount paid         If an individual, identify their relationship to you       To (MMDDYYYY)       To (MMDDYYYY)         Address       Tapage: identification number (IN)       Amount paid         If an individual, identify their relationship to you       To (MMDDYYYY)       To (MMDDYYYY)         Address       Tapage: identification number (IN)       Amount paid         Marrie       From (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Round cents to nearest dollar.         Name       From (MMDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Round cents to nearest dollar.         Name       From (MDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       Round cents to nearest dollar.         Name       From (MDDYYYY)       To (MMDDYYYY)         If an individual, identify their relationship to you       From (MDDYYYY)       To (MDDYYYY)         If an individual, identify their relationship to you       Round cents to nearest dollar.         Name       From (MDDYYYY)       To (MDDYYYY)       Modres         If an individ	Name	From (MMDDYYYY) To (MMDDYYYY)
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