



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		
Nan	ne as shown on Form D-40		Taxpayer identification 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 name				
Tax	payer identification number (TIN) Relationship to you			C	Date of birth (MMDDYYYY)		
Lived in your household from MMDDYYYY to MMDDYYYY							
Firs	t name	M.I.	Last name				
Tax	payer identification number (TIN) Relationship to you			C	Date of birth (MMDDYYYY)		
Lived in your household from MMDDYYYY to MMDDYYYY							
Firs	t name	M.I.	Last name				
Tax	payer identification number (TIN) Relationship to you			C	Date of birth (MMDDYYYY)		
Lived in your household from MMDDYYYY to MMDDYYYY							
Firs	t name	M.I.	Last name				
Tax	payer identification number (TIN) Relationship to you	Н			ate of birth (MMDDYYYY)		
Live	ed in your household from MMDDYYYY to MMDDYYYY	П					
If you need to list additional dependents, attach a statement with the same information for them.							
DC	credit	MMI	DDYYYY MMDDYYYY		ents to nearest dollar.		
1	Enter dates you were a DC resident in 2021. From Total 2021 employment-related dependent care of total expenses paid (page 2, Line 6 of this form).	expense	10	If amour	nt is zero, leave line blank.		
2	Employment-related dependent care expenses pa	id in 2	021 while you were a DC resident	2 \$.00		
3	Divide Line 2 amount by Line 1 amount. (The result will be	a decin	nal, for example: 0.55)	3			
4	DC full-year dependent care credit Multiply your all- Line 10 or Line 11 x .32)	owable	federal credit (from <u>federal</u> Form 2441,	4 \$.00		
5	DC part-year dependent care credit Multiply Line 4 Enter the amount on Line 21 of Form D-40.	amoun	t by the Line 3 decimal.	5 \$.00		

ATTACH THIS FORM TO YOUR FORM D-40.



Enter your last name	Enter your taxpayer identification number (TIN)	
Dependent care expenses Complete for all people or organizations	who provided care during 2021 so that you could w	ork or look for work.
Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		Round cents to nearest dollar.
Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
		\$.00
If an individual, identify their relationship to you		Round cents to nearest dollar.
Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		Round cents to nearest dollar.
Name	From (MMDDYYYY)	To (MMDDYYYY)
Address	Taxpayer identification number (TIN)	Amount paid
		\$.00
If an individual, identify their relationship to you		Round cents to nearest dollar.
Name	From (MMDDYYYY)	To (MMDDYYYY)
rane	THOM (MIMBETTTY)	TO (WINDSTITT)
Address	Taxpayer identification number (TIN)	Amount paid
If an individual, identify their relationship to you		Round cents to nearest dollar.
6 Total expenses paid		\$.00