



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 US	E ONLY	Vendor ID# 0002
Name as shown on Form D-40			Taxpayer identification nu	ımber (TIN)	
Before you begin –					
You must meet the following requi	rements to use this t	orm:			
You are a part-year resident of D					
<ul> <li>You are filing a part-year DC D-4</li> </ul>					
You were eligible to claim the ch		are cr	edit on your federal return.		
Qualifying dependents Complete f	or all qualifying individu	alc for y	whom you claimed expenses on your federal	Form 244	1
	or all qualifying murviuu			TUIII 244	1.
First name		M.I.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
Taxpayer Identification Humber (Thy)	Relationship to you	т			pate of bitti (wiwbb1111)
Lived in your household from MMDDYYYY to N	IMDDYYYY				
		П			
First name		M.I.	Last name		
That hame		141.11.	Last name		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
		П			
Lived in your household from MMDDYYYY to M	IMDDYYYY	_			
First name		M.I.	Last name		
riist liallie		IVI.I.	Last Hattie		
Taxpayer identification number (TIN)	Relationship to you				Date of birth (MMDDYYYY)
Taxpayer Tachtimeation Hamber (TITY)	Treatment of you	тт			out of birth (MINDETTT)
Lived in your household from MMDDYYYY to N	IMDDYYYY	-			
First name		M.I.	Last name		
Tourney identification number (TIN)	Polotionahin to you				Date of birth (MMDDYYYY)
Taxpayer identification number (TIN)	Relationship to you	777		<b>–</b> i	Date of birtif (MMDDFFFF)
Lived in your household from MMDDYYYY to M	IMDDYYYY				
Elved in your noddenold nom mine 21111 to it					
If you need to list additional de	nendents attach a	s state	ement with the same information	for then	n
	pondents, attach a				
DC credit		IVIIVIL	DDYYYY MMDDYYYY		ents to nearest dollar. nt is zero, leave line blank.
Enter dates you were a DC resid			To		.00
Total 2022 employment-relate 3 <u>or</u> total expenses paid (page 2, Lir		xpens	rrom <u>tederal</u> Form 2441, Line	1 \$	.00
2 Employment-related dependent care expenses paid in 2022 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					
DC full-year dependent care credit Multiply your allowable federal credit (from Line 9c x .32)			·	4 \$	.00
DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal Enter the amount on Line 21 of Form D-40.			by the Line 3 decimal.	5 \$	.00

ATTACH THIS FORM TO YOUR FORM D-40.

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Enter your last name	Enter your taxpayer identification number (TIN)
Dependent care expenses Complete for all people or organizations	s who provided care during 2022 so that you could work or look for work.
Name	From (MMDDYYYY) To (MMDDYYYY)
Address	Taxpayer identification number (TIN) Amount paid  .000
If an individual, identify their relationship to you	Round cents to nearest dollar.
Name	From (MMDDYYYY) To (MMDDYYYY)
Address  If an individual, identify their relationship to you	Taxpayer identification number (TIN) Amount paid  Round cents to nearest dollar.
in an individual, identify their relationship to yea	nound certs to nearest donar.
Name	From (MMDDYYYY) To (MMDDYYYY)
Address  If an individual, identify their relationship to you	Taxpayer identification number (TIN) Amount paid  Round cents to nearest dollar.
Name Address	From (MMDDYYYY)  To (MMDDYYYY)  Taxpayer identification number (TIN)  Amount paid
If an individual, identify their relationship to you	Round cents to nearest dollar.
	5 AMPROAMA
Name Address	From (MMDDYYYY)  To (MMDDYYYY)  Taxpayer identification number (TIN)  Amount paid
If an individual, identify their relationship to you	\$ .00  Round cents to nearest dollar.
6 Total expenses paid	\$ .00
C Total expenses para	

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