

2024 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



Important: First calculate your federal return child and dependent care credit.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 9999

NAME AS SHOWN ON FORM D-40 XXXXXXXXXXXXXXXXXXXXXXXXXXXX Taxpayer identification number (TIN) 99999999

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

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

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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 statement with the same information for them.

DC credit

Table with 5 rows for DC credit calculation, including columns for description, line number, and amount.

ATTACH THIS FORM TO YOUR FORM D-40.



Your last name XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Your TIN 99999999

Dependent care expenses Complete for all people or organizations who provided care during 2024 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
City State Zip code XXXXXXXXXXXXXXXXXXXX XX 9999	If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
City State Zip code XXXXXXXXXXXXXXXXXXXX XX 9999	If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
City State Zip code XXXXXXXXXXXXXXXXXXXX XX 9999	If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
City State Zip code XXXXXXXXXXXXXXXXXXXX XX 9999	If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	99999999	99999999.00
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer identification number (TIN) 99999999		
City State Zip code XXXXXXXXXXXXXXXXXXXX XX 9999	If an individual, identify their relationship to you XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
6 Total expenses paid			99999999.00