

2018 D-2441 SUB Child and Dependent Care Credit for Part-Year Residents



Important: Calculate your federal child and dependent credit first.

SOFTWARE DEVELOPER USE ONLY VENDORID# 1234

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLMNOPQ

Taxpayer identification number (TIN) 123456789

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 ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQ
Taxpayer identification number (TIN) 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY

Lived in your household from MMDDYYYY To MMDDYYYY
MMDDYYYY MMDDYYYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQ
Taxpayer identification number (TIN) 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY

Lived in your household from MMDDYYYY To MMDDYYYY
MMDDYYYY MMDDYYYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQ
Taxpayer identification number (TIN) 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY

Lived in your household from MMDDYYYY To MMDDYYYY
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Taxpayer identification number (TIN) 123456789 Relationship to you ABCDEFGHIJKLMNOPQ Date of birth (MMDDYYYY) MMDDYYYY

Lived in your household from MMDDYYYY to MMDDYYYY
MMDDYYYY MMDDYYYY

If you need to list additional dependents, attach a statement with the same information for them.

DC credit

Enter dates you were a DC resident in 2018 From MMDDYYYY To MMDDYYYY Round cents to the nearest dollar. If amount is zero, leave the line blank.

Table with 5 rows for DC credit calculation. Line 1: Total 2018 employment-related dependent care expenses. Line 2: Employment-related dependent care expenses paid in 2018 while you were a DC resident. Line 3: Divide Line 2 amount by Line 1 amount. Line 4: DC full year dependent care credit. Line 5: DC part-year dependent care credit.

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name ABCDEFGHIJKLMNOPQ
Your TIN 123456789



Dependent care expenses Complete for all people or organizations who provided care during 2018 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
ABCDEFGHIJKLMN	MMDDYYYY	MMDDYYYY	\$ 123456.00
Address	Taxpayer identification number (TIN)		
1234567890	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
ABCDEFGHIJKLMN	MMDDYYYY	MMDDYYYY	\$ 123456.00
Address	Taxpayer identification number (TIN)		
1234567890	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
ABCDEFGHIJKLMN	MMDDYYYY	MMDDYYYY	\$ 123456.00
Address	Taxpayer identification number (TIN)		
1234567890	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
ABCDEFGHIJKLMN	MMDDYYYY	MMDDYYYY	\$ 123456.00
Address	Taxpayer identification number (TIN)		
1234567890	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MMDDYYYY)	To (MMDDYYYY)	Amount paid
ABCDEFGHIJKLMN	MMDDYYYY	MMDDYYYY	\$ 123456.00
Address	Taxpayer identification number (TIN)		
1234567890	123456789		
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

6 Total expenses paid \$ 123456.00