

2012 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 VENDOR ID# 1234

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLMNOPQRSTUVWXYZ YOUR SOCIAL SECURITY NUMBER 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 ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

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. Columns include description, amount, and dollar sign. Includes instructions like 'Round cents to the nearest dollar' and 'Enter dates you were a DC resident in 2012 From MMDD To MMDD'.

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name ABCDEFGHIJKLMNOPQ
Your SSN 123456789



Dependent care expenses Complete for all people or organizations who provided care during 2012 so that you could work or look for work.

Round cents to the nearest dollar.

| Name | From (MMDD) | To (MMDD) | Amount paid |
|--|-------------|-----------|--|
| ABCDEFGHIJKLMN | MMDD | MMDD | \$ 123456.00 |
| Address | | | Social security or Fed. employer ID number |
| 123456789012345678901234567890 | | | 123456789 |
| If an individual, identify their relationship to you | | | |
| ABCDEFGHIJKLMN | | | |

| Name | From (MMDD) | To (MMDD) | Amount paid |
|--|-------------|-----------|--|
| ABCDEFGHIJKLMN | MMDD | MMDD | \$ 123456.00 |
| Address | | | Social security or Fed. employer ID number |
| 123456789012345678901234567890 | | | 123456789 |
| If an individual, identify their relationship to you | | | |
| ABCDEFGHIJKLMN | | | |

| Name | From (MMDD) | To (MMDD) | Amount paid |
|--|-------------|-----------|--|
| ABCDEFGHIJKLMN | MMDD | MMDD | \$ 123456.00 |
| Address | | | Social security or Fed. employer ID number |
| 123456789012345678901234567890 | | | 123456789 |
| If an individual, identify their relationship to you | | | |
| ABCDEFGHIJKLMN | | | |

| Name | From (MMDD) | To (MMDD) | Amount paid |
|--|-------------|-----------|--|
| ABCDEFGHIJKLMN | MMDD | MMDD | \$ 123456.00 |
| Address | | | Social security or Fed. employer ID number |
| 123456789012345678901234567890 | | | 123456789 |
| If an individual, identify their relationship to you | | | |
| ABCDEFGHIJKLMN | | | |

| Name | From (MMDD) | To (MMDD) | Amount paid |
|--|-------------|-----------|--|
| ABCDEFGHIJKLMN | MMDD | MMDD | \$ 123456.00 |
| Address | | | Social security or Fed. employer ID number |
| 123456789012345678901234567890 | | | 123456789 |
| If an individual, identify their relationship to you | | | |
| ABCDEFGHIJKLMN | | | |

6 Total expenses paid \$ 123456.00