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Government of the District of Columbia

2015 D-2441 Child and Dependent Care Credit for Part-Year Residents

1 5 2 4 1 0 1 1 0 0 0 2

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

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID# 0002

Name as shown on Form D-40 *Your social security number*

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

Social security number Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name

Social security number Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

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Social security number Relationship to you Date of birth (MMDDYYYY)

Lived in your household from MMDDYY to MMDDYY

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 2015. From M M D D To M M D D

Round cents to the nearest dollar.
If the amount is zero, leave the line blank.

1	**Total 2015 employment-related dependent care expenses** From federal Form 2441, Line 3 *or* total expenses paid (page 2, Line 6 of this form).	1	$ .00
2	**Employment-related dependent care expenses paid in 2015 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	0.
4	**DC full-year dependent care credit** Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32)	4	$ .00
5	**DC part-year dependent care credit** Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 22 of Form D-40.	5	$ .00

ATTACH THIS FORM TO YOUR FORM D-40.

Enter your last name. *Enter your social security number.*

Dependent care expenses

Complete for all people or organizations who provided care during 2015 so that you could work or look for work.

Round cents to the nearest dollar.

Name | From (MMDD) | To (MMDD) | Amount paid $ .00
Address | Social security or Federal employer ID
If an individual, identify their relationship to you

Name | From (MMDD) | To (MMDD) | Amount paid $ .00
Address | Social security or Federal employer ID
If an individual, identify their relationship to you

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6 Total expenses paid $ .00