

# 2023 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#

NAME AS SHOWN ON FORM D-40

Taxpayer identification number (TIN)

### 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

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

**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 **2023** From \_\_\_\_\_ To \_\_\_\_\_ Round cents to the nearest dollar.  
If amount is zero, leave the line blank.

- |   |  |   |
|---|--|---|
| 1 | Total <b>2023</b> employment-related dependent care expenses. <i>From federal Form 2441, Line 3 or total expenses paid from page 2 (of this form), Line 6.</i> | 1 |
| 2 | Employment-related dependent care expenses paid in <b>2023</b> while you were a DC resident.   | 2 |
| 3 | <i>Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55.)</i>   | 3 |
| 4 | DC full year dependent care credit <i>Multiply your allowable federal credit (from federal Form 2441, Line 9c X .32)</i>                                       | 4 |
| 5 | DC part-year dependent care credit <i>Multiply Line 4 by the Line 3 decimal. Enter <b>the</b> amount on Line 21 of Form D-40.</i>                              | 5 |

**ATTACH THIS FORM TO YOUR FORM D-40.**



Your last name

Your TIN



**Dependent care expenses** Complete for all people or organizations who provided care during 2023 so that you could work or look for work.

Round cents to the nearest dollar.

Name From (MMDDYYYY) To (MMDDYYYY) Amount paid

Address Taxpayer identification number (TIN)

If an individual, identify their relationship to you

Name From (MMDDYYYY) To (MMDDYYYY) Amount paid

Address Taxpayer identification number (TIN)

If an individual, identify their relationship to you

Name From (MMDDYYYY) To (MMDDYYYY) Amount paid

Address Taxpayer identification number (TIN)

If an individual, identify their relationship to you

Name From (MMDDYYYY) To (MMDDYYYY) Amount paid

Address Taxpayer identification number (TIN)

If an individual, identify their relationship to you

Name From (MMDDYYYY) To (MMDDYYYY) Amount paid

Address Taxpayer identification number (TIN)

If an individual, identify their relationship to you

6 Total expenses paid

