





Important: First calculate your federal return child and dependent care credit. Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

			OFFICIA	AL USE ONLY	Vendor ID# 0000	
Name as shown on Form D-40			Your social secur	rity number		
Before you begin –						
You must meet the following re	equirements to use this f	orm:				
<ul> <li>You are a part-year resident</li> </ul>	·					
<ul> <li>You are filing a part-year DC</li> </ul>						
You were eligible to claim the		are credi	it on your federal return.			
Qualifying dependents Compl	ete for all qualifying individu	als for who	om you claimed expenses on your fac	deral Form 2/	1/11	
	ete for an quantying marvidu			aciai i oiiii 2-	771.	
First name		M.I. L	ast name			
Social security number	Relationship to you				Date of birth (MMDDYYYY)	
oodal security humber	reductionship to you	$\overline{}$			Date of Bitti (MMDD1111)	
Lived in your household from MMDDYY to	o MMDDYY					
First name		M.I. L	ast name			
Social security number	Relationship to you				Date of birth (MMDDYYYY)	
Lived in your household from MMDDYY to	o MMDDYY					
First name		M.I. L	ast name			
Social security number	Relationship to you				Date of birth (MMDDYYYY)	
		т				
Lived in your household from MMDDYY to	o MMDDYY					
First name		M.I. L	ast name			
That hame		IVI.I. L	ast fiallie			
Social security number	Relationship to you				Date of birth (MMDDYYYY)	
		тт				
Lived in your household from MMDDYY to	o MMDDYY					_
If you need to list additional	dependents, attach a	statem	ent with the same informat	ion for the	em.	
OC credit		М	M D D M M D	D Round	cents to the nearest dollar.	
Enter dates you were a DC	resident in 2011.	From	То	rtouric	amount is zero, leave the line	e blank.
·	elated dependent care e		From federal Form 2441, Line 3	1 \$		.00
Employment-related dependent care expenses paid in 2011 while you were a DC resident						.00
Divide Line 2 amount by Line 1 amount. (The result will be a decimal, for example: 0.55)					0.	
DC full-year dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 x .32					J.	.00
DC part-year dependent care credit Multiply Line 4 amount by the Line 3 decimal. Enter the amount on Line 23 of Form D-40.						.00

ATTACH THIS FORM TO YOUR FORM D-40.

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Dependent care expenses Complete for all people or organizations who provided care during 2011 so that you could work or look for work.				
Round cer the neares				
Name From (MM/DD) To (MM/DD) Amount paid \$	.00			
Address Social security or Fed. employer ID	Social security or Fed. employer ID			
If an individual, identify their relationship to you				
Name From (MM/DD) To (MM/DD) Amount paid	.00			
Address Social security or Fed. employer ID				
If an individual, identify their relationship to you				
Name From (MM/DD) To (MM/DD) Amount paid	.00			
Address Social security or Fed. employer ID				
If an individual, identify their relationship to you				
Name From (MM/DD) To (MM/DD) Amount paid	.00			
Address Social security or Fed. employer ID				
If an individual, identify their relationship to you				
Name From (MM/DD) To (MM/DD) Amount paid	.00			
Address Social security or Fed. employer ID				
If an individual, identify their relationship to you				
6 Total expenses paid \$	.00			