Government of the District of Columbia

2006 D-2441 Child and Dependent Care Credit for Part-Year Residents

0 6 2 4 1 0 1 1 0 0 0 0

Important: Calculate your federal child and dependent credit first.
Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

OFFICIAL USE ONLY

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

Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name

MDDY

First name M.I. Last name

Social security number Relationship to you

Lived in your household from MMDDYY to MMDDYY

First name M.I. Last name

Social security number Relationship to you

Lived in your household from MMDDYY to MMDDYY

If you need to list additional dependents, attach a statement with their information.

DC credit

Enter dates you were a DC resident in 2006. (MMDD) From To

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

1	**Total 2006 employment-related dependent care expenses** From federal Form 2441, Line 15 *or* total expenses paid from side 2 (of this form), Line 6.	1 $ .00
2	**Employment-related dependent care expenses paid in 2006 while you were a DC resident**	2 $ .00
3	Divide line 2 amount by Line 1. (The result will be a decimal number, for example: 0.55)	3 0.
4	**DC full-year dependent care credit** Multiply your allowable federal credit (from federal Form 2441, Line 9 or 1040A, Schedule 2, Line 9) x .32	4 $ .00
5	**DC part-year dependent care credit** Multiply Line 4 by Line 3 decimal. Enter amount on line 25 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 2006 so that you could work or look for work.

Round cents to the nearest dollar.

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
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6 Total expenses paid $ .00