District of Columbia				
	2 4 0 4 1 2 S 1 0 0 0 1 SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9 9 9 9			
Information Mark: X if amended return See instruc	actions Mark: X if this is your final return			
Fax period ending (MMDDYYYY)				
	Estate X Simple trust X Complex trust			
Estate or trust's federal employer ID number Mark: Type of trust: X	Testamentary (created by a will) X Inter vivos (living)			
	Daytime telephone number			
Estate or trust name 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
iduciary's name and title				
9999xxxxxxxxxxxxxxxxxxxxxxxxxxx	XX			
iduciary's Address (number, street and suite/apartment number if applicable)				
9999xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
City	State ZIP Code + 4			
XXXXXXXXXXXXXXXXXX	XX 999999999			
Complete if entity is a trust (MMDDYYYY)	Complete if entity is an estate (MMDDYYYY)			
Date created 99999999	Date of deceased's death 9999999			
(MMDDYYY) f trust ended in 2024 enter date 99999999	(MMDDYYYY) If estate ended in 2024, enter date 99999999			
f trust ended in 2024, enter date 99999999	If estate ended in 2024, enter date 99999999			
Name of grantor				
9999xxxxxxxxxxxxxxxxxxxxxxxxx	XX Has a DC D-76 or D-76EZ estate tax return been filed? XYes XNo			
Address of grantor (number, street and suite/apartment number if applicable)				
9999xxxxxxxxxxxxxxxxxxxxx	If no, will one befiled? X Yes X No			
9999xxxxxxxxxxxxxxxxxx				
City State ZIP Code + 4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999 Complete federal Form 1041 before continuing			
Income	Round cents to nearest dollar. If amount is zero, leave line			
	blank; if minus, enter amount and mark oval.			
1 Federal total income from federal Form 1041.	Mark if loss X 1 99999999.00			
2 Additions to federal total income.				
<ul> <li>a) Capital gains deferred on federal return due to investm Qualified Opportunity Fund.</li> </ul>	2a 999999999.00			
b) Other additions to federal total income from Calculatio				
3 Add Lines 1, 2a and 2b.	Mark if loss X 3 99999999.00			
4 Subtractions from federal total income.				
a) Capital gains deferred due to DC approved investment	in a DC			
Qualified Opportunity Fund.	4a 99999999.00			
b) Other subtractions from federal total income from Calc	culation B, Line d, page 8.         4b         999999999.00           5         99999999.00			
<ul> <li>5 Add Lines 4a and 4b.</li> <li>6 Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a</li> </ul>				
stop here; do not fill in rest of form.	Mark if loss X 6 99999999.00			
Deductions				
	red on federal Form 1041. 8 99999999.00			
7 Interest from federal Form 1041.				
8 Taxes Subtract the state, local and DC franchise tax enter				
	rm 1041. 9 999999999.00			
8 Taxes Subtract the state, local and DC franchise tax enter	rm 1041. 9 999999999.00			
8 Taxes Subtract the state, local and DC franchise tax enter	rm 1041. 9 999999999.00			

65 65 7 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 65 75 85 96 061 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 65 75 85 96 061 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 65 75 85 96 76 76 77 78 79 80 81 82 83 84 85 85 86

_	D-41 PAGE 2				
_	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
_	FEIN 999999999	2 4 0 4 1	2 S	2 0 0 0 1	
_					
_	10 Other deductions Enter total of Lines 12, 13, 14, 15a, 15b and 19 fr	om federal Form 1041		999999999.00	
_	11 Trust deduction Enter \$100 <i>for trusts.</i> See instructions, page 7.		11	999999999.00	_
_	12 Total deductions Add Lines 7 - 11.		12	999999999.00	_
_	13 Total fiduciary income Subtract Line 12 from Line 6.	Mark if loss	<mark>X</mark> 13	999999999.00	
	Tax and payments				
	14 Tax on fiduciary income. Use Calculation C/Tax Schedule to determin	ne tax	14	999999999.00	
-	15 Credit for taxes paid to other states. <i>Credit may not exceed amount of</i>		15	999999999.00	
	See instructions, page 7. Attach copy of state return.		13		
	16a DC Low-Income Housing Tax Credit (see instructions).		16a	999999999.00	
-	16b DHCD Rental Accommodations Division Housing Provider Credit (see	instructions)		9999999999.00	
-	17 Net tax on fiduciary income. <i>Line 14 minus Lines 15 and 16, <b>if less</b> t</i>		17	9999999999.00	
	18a Income tax withheld	nan 0, enter 0.	17 18a		
-	18b 2024 estimated fiduciary income tax payments.				
	19 Payments made with extension of time to file from FR-127F calculat	ion Line 3	18b 19	9999999999.00	
	20 If this is an amended 2024 return, enter payments made with original		20	9999999999.00	
			20	9999999999.00	
+	21 If this is an amended 2024 return, enter refunds requested with origin 22 Total payments <i>Add Lines 18 a- 20, <u>do not include Line 21</u>.</i>	ai 2024 D-41 return.	21	9999999999.00	
				9999999999.00	
	If Line 22 is more than Line 17 subtract Line 17 from Line 22.	If Line 22 is less than	line 17	subtract Line 22 from Line .	17
			2,110 17		- / -
	23 Amount of overpayment 999999999.00	26 Total amount due		999999999.00	
	24 Amount, if any, to be applied to 2024 estimated tax				
	99999999.00	Payment			
				6 dollars) to the D-41P vouche	
	25 Refund Subtract Line 24 from Line 23	and "2024 D-41" on you		. Write the estate or trust's F	EIIN
	99999999.00		in payme		
	Will this refund you requested go to an account outside the U.S.? X Yes X No S	See instructions			
	Refund Options				
	Mark one refund choice: X Direct Deposit or X Paper Check				
_	Direct Deposit				
	To have your refund deposited to your X checking or X savings account, fi	ll in and enter bank routin	g and ac	count numbers. See instruction	s.
		999999999999999			
_	Third party designee To authorize another person to discuss this return with OTR,	mark here $X$ and enter	the nam	e and phone number of that p	erson
	See instructions.				_
_	Designee's name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Phone	9999999999	
					_
	Signature Under penalties of law, I declare that I have examined this retur		knowledg	ge, it is correct.	_
	Declaration of paid preparer is based on the information available	e to the preparer.			_
	Signature of fiduciary or officer representing the fiduciary Date				_
	99999				_
		Identification Number (PTIN)			
		2222			
	Prenarer's address. (number and street)			State ZIP Code +4	
	Preparer's address (number and street) City		7 . 7	XX 999999999	
	Preparer's address (number and street) City	xxxxxxxxxxx	XXX		
	Preparer's address (number and street)           9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*****	XXX		
	Preparer's address (number and street) City 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*****	XXX		
	Preparer's address (number and street)           9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*****	XXX		
	Preparer's address (number and street)       99999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXX		
	Preparer's address (number and street) 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	Preparer's address (number and street) 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	Preparer's address (number and street) 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				