District of Columbia

D-41 SUB Fiduciary Income Tax Return

Leave lines blank that do not apply.

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Information Mark: X if amended re	eturn See instructions	Mark: X	if this is	your final re	eturn					
Tax year ending (MMYY)	Mark: Type of entity:	X Estate		X Simple		Х	Co	mplex	trust	
MMYY	Mark: Type of trust:	X Testar	nentary	(created by	a will)		X	Inter	vivos	(living)
Estate or trust's federal employer ID number										
123456789					Daytime te	lephone r	number			
Estate or trust name					1234					
ABCDEFGHIJKLMNNOPQRSTUVWXX	771234ABCDEE	сит.ткт.	MNTOD	OPG						
ABCDET GITTO KLIMINIO POKSTOVWA	ZIZJ4ADCDEF	GIIIOKL	MINOP	QND						
Fiduciary's name and title 1234ABCDEFGHIJKLMNOPQRSTUV	/WXYZ9876									
Fiduciary's Address (number, street and suite/apartment number	if applicable)									
12345ABCDEFGHIJKLMNOPQRSTU	J									
12345ABCDEFGHIJKLMNOPQRSTU	J									
City		St	ate	ZIP Code + 4						
ABCDEFGHIJKLMNOPQRST		D		999999	999					
Complete if entity is a trust (MMDDYYYY)		Complete	if entity is	an estate (MI	(DDYYYY)					
Date created 000000			- 1	d's death	0000	0000				
		Date of	uccease	u s ucalii	00000					
(MMDD)		If antata		in 2017, eı	-4	(MM	- 1			
If trust ended in 2017, enter date 0000		ii estate	e enaea	in 2017, ei	iter date	00	000			
Name of grantor ABCDEFGHIJKLABCDEFGHIJKLAF	BCDEFGHIJ	Has a DC	D-76 or D-	76EZ estate ta:	x return been	filed?	X Yes	X	No	
Address of grantor (number, street and suite/apartment number	if applicable)									
12345ABCDEFGHIJKLMNOPORSTU		If no, will o	ne be filed	Yes	X No					
12345ABCDEFGHIJKLMNOPORSTU										
City State	ZIP Code + 4									
ABCDEFGHIJKLMNOPQRST DC	999999999	C	mnlet	te federa	l Form	1041	hefo	re cc	ntin	uina
Income		nts to the n								
1 Federal total income from federal Form 10				loss X		\$123				
2 Additions to federal total income from Calc		110.11		1000 23		\$123				
3 Add lines 1 and 2.	aration 71, mic i	Mark	if '	loss X		\$123				
3 Add lines 1 and 2.		Mark		LOSS A	. 3 .	ر کــــــ ۲	± 0 0	700	125	.00
4 Subtractions from federal total income from	Calculation R line	1			4	\$123	2456	780	1123	0.0
5 Total DC fiduciary income Subtract Line 4			i f	loss X		\$123				
3 Total DC fluddary flicothe Subtract Line 4	IIOIII LIIIE 3.	Mark		LUSS A	. 3	<b>γ</b> <u>1</u> <u>4</u> .	) <del>L</del> J (	5 / 6 2	1 4 -	3.00
Deductions and exemptions						4 - 0 -				
6 Interest from federal Form 1041.					6	\$123	3456	5785	123	3.00
7 Taxes Subtract the state, local and DC fra	nchise tax entered or	n federal Fo	orm 104	11.	7	\$123	345	5789	123	3.00
8 Deduction for distribution to beneficiaries f	rom federal Form 104	11.			8	\$123	456	789	123	.00
9 Other deductions Enter total of Lines 12, 13,	14 150 15b 150 and 1	0 from fodor	ol Earm	1041	9	\$123	1154	790	1122	0.0
		s iroin ledera	ai [-0111]	1041.						
10 Exemption Enter \$1,775 for estates and \$		ntr c t:			10	\$123	456	785	123	.00
If the estate ended during 2017, prorate th	e exemption. See in	structions.								
						4100	4 -	700	100	00
11 Total deductions and exemptions Add Line		7.7		<u> </u>		\$123				
12 Taxable fiduciary income Subtract Line 11	trom Line 5.	Mark	1Í.	loss X	12	\$123	456	789	123	.00

## D-41 PAGE 2 Name ABCDEFGHIJKLMNOPQRSTUVWXYZ FEIN 999999999



## Tax and payments

13 Tax on fiduciary income.				13	\$1234	1567891	23.00
14 Credit for taxes paid to other	er states Credit may not exc	eed amount on	Line 13	14	\$1234	1567891	23.00
See instructions. Attach a					7 + 2 3	130,031	23.00
					+		
15 Net tax on fiduciary income	E Line 13 minus Line 14.			15	\$1234	1567891	23.00
16a Income tax withheld.				16a	\$1234	4567891	23.00
16b 2017 estimated fiduciary in	come tax payments.			16b	\$1234	4567891	23.00
17 Payments made with exter	nsion of time to file from FR-1	127F calculation	Line 3	17	\$1234	4567891	23 00
Tr ayments made with exter		1271 Calculation	i, Ellic o.		Q123	1307031	23.00
18 If this is an amended 2017	return, payments made with	ı original <mark>2017</mark> I	D-41.	18	\$1234	4567891	23.00
19 Total payments Add Lines	162-18			19	\$1234	4567891	23 00
19 Total payments Add Lines	104-10.			13	γ12.5-	<del>1</del> 307071	23.00
If Line 19 is more than Line 15 su	btract Line 15 from Line 19.	If L	ine 19 is less than Li	ine 15 su	btract Lin	ne 19 from Lii	ne 15.
20 Amount of overpayment	\$123456789123	.00 23	Amount you owe	\$	12345	6789123	3.00
21 Amount, if any, to be applied	d	Will	this payment comefrom an a	ccount outsi	de the U.S.?	XYes X N	No See instruction
to 2018 estimated tax	\$123456789123.	. 0 0					See matruction
		Pa	yment				
22 Refund	\$123456789123	.00 Att	ach check or money o	rder (US	dollars) to	the D-41P vo	oucher only;
Subtract Line 21 from Line	20		ike it payable to: DC T			estate or trus	st's FEIN
Will this refund you requested go to an account	outside the U.S.? X Yes X No See		d " <mark>2017</mark> D-41" on your	paymen	-		
vviii triis reiuliu you requesteu go to ari account	outside the o.s.r X res X No see	Instructions					
Refund Options							
Fill in one refund choice: X Di	irect Deposit X Paper C	Check					
Direct Deposit To have your refun	d deposited to your <b>V</b> checking 0	OR v savings acc	count fill in and enter ban	k routing a	and account	numbers See	inst
Routing Number 999999999	7 1		ABC999ABC9				7.0.
Third Party Designee To authorize an					nd phone r	number	
Designee's name	, , , , , , , , , , , , , , , , , , ,			Phone			
Ciana attura							
	law, I declare that I have examing preparer is based on the inform			knowledg	e,it is corre	ect.	
Signature of fiduciary or officer representing the		Date	tric propurer.				
		MMDDYYYY					
Signature of paid preparer			fication Number (PTIN)				
		1234567	89		04-4- 71	D 0 - 4 -	
Preparer's address (number and street)	CDEECII	City	IT.TKI ADCDER	20		P Code .2345678	2 0
1234ABCDEFGHIJKLAB	CUEFGH	ADCDEFGF	HIJKLABCDEF	JN	AD I	.∠3436/8	0 2
Send your signed a	nd completed original return to:	:					
Office of Tax and Re							
PO Boy 96153							

2017 D-41 SUB P2

Rev (4/17)

Washington DC 20090-6153

PO Box 96153

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