66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

D-41 SUB Fiduciary Income Tax Return



Information Mark: X if amended return See instructions M		is your final			+	+	+	+++
x period ending (MMDDYYYY) Mark: Type of entity:	X Estate	X Simp	le trust			Comple		
999999 Mark: Type of trust:	X Testamentary	y (created b	oy a will)		X	nter vi	vos (living)
tate or trust's federal employer ID number					$\perp \downarrow \downarrow$	$\perp \downarrow \downarrow$	4	
9999999			Daytime t				4	
tate or trust name			9999	999	9999)		
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXX						
duciary's name and title								
999xxxxxxxxxxxxxxxxxxxxxx								
duciary's Address (number, street and suite/apartment number if applicable)								
999XXXXXXXXXXXXXXXXX								
999XXXXXXXXXXXXXXXXXX								
ty	State	ZIP Code -	+ 4					
XXXXXXXXXXXXXXXXX	XX	99999	99999					
omplete if entity is a trust (MMDDYYYY)	Complete if entity is	s an estate	(MMD	DYYYY)				
ate created 99999999	Date of deceas		9999	99	99			
(MMDDYYYY)					(MMDDY	YYY)		
trust ended in 2021, enter date 99999999	If estate ended	l in 2021	enter date		9999		9	
	II Colate clided							
ame of grantor								
999xxxxxxxxxxxx	Has a DC D-76 or D	D-76E7 estate t	tax return heer	filed?	XY	'es	ΧN	lo
dress of grantor (number, street and suite/apartment number if applicable)	1143 4 50 5-75 01 1	, OLL COLUIC I	Last Total II DOCI	mou:			2 2 11	
999XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	If no, will one befile	ed? X Yes	X No		+++	+++	+	
999xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ii iio, wiii one bellie	Z1 163	Z 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		+++	+++	+	
ty State ZIP Code +4					+++	+++	+	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Comple	ete federa	I Form 1	0/11	hefo	re co	ntin	uing
ncome		ind cents to						
		nk; if minus.						icave
Federal total income from federal Form 1041.		ark if loss			9999			00
Additions to federal total income.	IVI	GIN 11 1003	1					
a) Capital gains deferred onfederal return due to investment in a	a federal				+++	+++	+	
Qualified Opportunity Fund.	a icucial		2-	90	9999	999	g r	0
b) Other additionsto federal total income from Calculation A, Lir	ne f page 6				9999			
Add Lines 1, 2a and 2b.		lark if loss			9999			
	IVI	ark II 1055	Δ		7773	ال الرار		, 0
Subtractions from federal total income. a) Capital gains deferreddue to DC approved investment in a DC					+++	+++	+	
Qualified Opportunity Fund.			1-	a a	9999	aaa	a r	10
	D line a har-				9999			
b) Othor bulbly of and from the desiral that the base of desiral Other will be	b, Line a, page	Ο.	4b 5		9999			
b) Other subtractions from federal totalincome from Calculation			5	99	צעעע	1 2 2	ا و	JU
Add Lines 4a and 4b.							\perp	
Add Lines 4a and 4b. Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss,				00	0000	100	0 0	
Add Lines 4a and 4b.	M	ark if loss	X 6	99	9999	999	9.0) ()
Add Lines 4a and 4b. Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop here; do not fill in rest of form.	M	ark if loss	X 6	99	9999	999	9.(
Add Lines 4a and 4b. Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop here; do not fill in rest of form. eductions	M	ark if loss						
Add Lines 4a and 4b. Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop here; do not fill in rest of form. eductions Interest from federal Form 1041.			7	99	9999	999	9.0	00
Add Lines 4a and 4b. Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop here; do not fill in rest of form.	ederal Form 104			99		999	9.0	00

D-41PAGE Z					
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
FEIN 99999999	2 1 0 4 1	2 S	2 0	0 1	
O Other deductions Enter total of Lines 12, 13, 14, 15a, 15b and	d 19 from federal Form 1041.	10	9999	99999	0.00
1 Trust deduction Enter \$100 for trusts. See page 9 for instruct		11	9999	99999	00.6
2 Total deductions Add Lines 7 - 11.		12	9999	99999	9.00
3 Total fiduciary income Subtract Line 12 from Line 6.	Mark if loss	X 13	9999	99999	9.00
ax and payments					
Tax on fiduciary income. Use Calculation C/Tax Schedule to de	etermine tax	14	9990	99999) 00
5 Credit for taxes paid to other states. <i>Credit may not exceed am</i>		15		99999	
See instructions, page 7. Attach copy of state return.	ount on Line 11.	10			
5 DC Low -Income Housing Tax Credit (see instructions)		16	9999	99999	9.00
Net tax on fiduciary income. Line 14 minus Lines 15 and 16		17	9999	99999	9.00
3a Income tax withheld		18a		99999	
3b 2021 estimated fiduciary income tax payments		18b		99999	
Payments made with extension of time to file from FR-127F co		19		99999	
If this is an amended 2021 return, payments made with original		20		99999	
If this is an amended 2021 return, enter refunds requested with	originai <mark>2021</mark> D-41 return.	21		99999	
2 Total payments Add <i>Lines</i> 18 a - 20, do not include Line 21.		22	9995	99999	,.00
Line 22 is more than Line 17 subtract Line 17 from Line 22.	If Line 22 is less than L	ine <u>17</u>	subtract I	ine <mark>22</mark> fro	om Line 17
Amount of overpayment 99999999.00	26 Total amount due		9990	99999) OO (
3333333.00				, , , , , , , ,	7.00
Amount, if any, to be applied to 2022 estimated tax					
99999999.00	Payment Attach check or money of	ordor (119	S dollars)	to the D /	I D vouchor
	make it payable to: DC T				
Refund Subtract Line 24 from Line 23	and "2021 D-41" on you				
99999999.00					
/ill this refund you requested go to an account outside the U.S.? X Yes X	No See instructions				
7	. The decimpulations				
Refund Options					
lark <u>one</u> refund choice: X Direct Deposit or X Paper C	heck				
irect Deposit					
have your refund deposited to your X checking or X savings account Number 1	ount, fill in and enter bank routing	and acc	ount numl	bers. See ir	nstructions.
outing Number 99999999 Account Number 9 nird party designee To authorize another person to discuss this return wi	99999999999999999999999999999999999999		and phor	no numbor	of that ner
ee instructions.	ur orn, mark here 🔥 and enter u	ic maine	and phor	ie namber	or that pers
esignee's name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Phone	99999	99999	
gnature Under penalties of law, I declare that I have examined the	is return and, to the best of my k	nowledg	e,it is corre	ect.	
Declaration of paid preparer is based on the information	available to the preparer.				
nature of fiduciary or officer representing the fiduciary Date					
	999999				
	arer's Tax Identification Number (PTIN)				
	9999999				
Oity	· · · · · · · · · · · · · · · · · · ·	7777	State	ZIP Code +4	
999xxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXX	ΛX	XX	99999	צבבב
mail Address					
XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXXXXX					
Send your signed and co Office of Tax and Revenue	mpleted original return to:				
PO Box 96153					
Washington DC 20090-6	5153				

66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 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

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