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

2022 D-41 SUB Fiduciary Income Tax Return



Information	Mark: X	if amended retu	rn See instruct	tions Mark	: X if this is	s your final	return				
Tax period ending (MMDDYYYY)			Mark: Type of e		Estate	X Simpl			X	Comple	k trust
99999999			Mark: Type of t		Testamentary						os (living)
Estate or trust's federal employer IE) number										
999999999							Davtim	e telepho	one num	ber	
Estate or trust name								9999			
9999XXXXXXXXX	XXXXXX	XXXXXXXX	XXXXXXX	XXXXX	XXXXXXX	XXX					
Fiduciary's name and title											
9999XXXXXXXX	XXXXXX	XXXXXXXX	XXXXXXX	X							
Fiduciary's Address (number, str	reet and suite/a	partment number if a	pplicable)								
9999XXXXXXXXX											
9999XXXXXXXXX	XXXXXX	XXXXXXX									
City					State	ZIP Code +	4				
XXXXXXXXXXXXX	XXXXXX	XX			XX	99999		9			
Complete if entity is a trust (MMI	DDYYYY)				Complete if entity is	an estate	(MI	MDDYYY	Υ)		
	9999				Date of decease		999	9999	999		
		(MMDDYYYY)							(MMD	DYYYY)	
If trust ended in 2022, en	ter date	9999999			f estate ended	in 2022. e	nter dat	e	999	9999	
Name of grantor											
9999xxxxxxxxx	XXXXXX	XXXXXXXX	XXXXXXX	Χ	Has a DC D-76 or D-	76EZ estate ta	ax return b	een filed	?	≺ Yes	XNo
Address of grantor (number, stre	et and suite/ap	artment number if ap	pplicable)								
9999XXXXXXXXX					If no, will one befiled	l? X Yes	X	No			
9999xxxxxxxxx	XXXXXX	XXXXXXX									
City		State	ZIP Code +4								
XXXXXXXXXXXX	XXXXXX	XX XX	999999	999	Comple	te federa	l Form	104	1 bef	ore cor	ntinuing
Income											ero, leave line
					blani	k; if minus,	enter a	mount	and n	nark oval.	
1 Federal total income	e from fede	ral Form 1041.			Ma	rk if loss	X	1 99	9999	99999	0.00
2 Additions to federal	total incom	ie.									
a) Capital gains d	eferred onfe	ederal return dı	ue to investme	nt in a fed	deral						
Qualified Oppo										99999	
b) Other additions		total income fro	m Calculation	A, Line f,	page 6.					99999	
3 Add Lines 1, 2a and	d 2b.				Ma	rk if loss	Χ	3 99	9999	99999	.00
4 Subtractions from fe	deral total	income.									
a) Capital gains de			d investment ir	n a DC							
Qualified Oppor	rtunity Fund	t.								99999	
b) Other subtracti	ons from fe	deral totalincom	ne from Calcu	lation B, I	Line d, page 6	5.				99999	
5 Add Lines 4a and 4	b.							5 99	9999	9999	0.00
6 Total DC fiduciary in	ncome Subt	ract Line 5 from Lin	ne 3. If zero or a l	oss,							
stop here; do not fill in re	est of form.				Ma	rk if loss	X (5 99	9999	99999	0.00
Deductions											
7 Interest from federa										99999	
8 Taxes Subtract the	state, local	and DC franch	ise tax entered	d on fedel	ral Form 1041	1.				99999	
9 Deduction for distrib	outions to b	eneficiaries fron	m federal Forn	n 1041.				9 99	999	9999	0.00

D-41PAGE 2		Ш				
Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Ш				
FEIN 99999999	2 2 0 4 1	2 S	2 0	0 0	1	
10 Other deductions Enter total of Lines 12, 13, 14, 15a, 15b and	19 from federal Form 1041.	10	999	9999	99.	00
11 Trust deduction Enter \$100 for trusts. See page 9 for instructi	ons.	11	999	9999	99.	00
12 Total deductions Add Lines 7 - 11.		12	999	9999	399.	00
13 Total fiduciary income Subtract Line 12 from Line 6.	Mark if loss	13	999	9999	99.	00
Tax and payments						
14 Tax on fiduciary income. Use Calculation C/Tax Schedule to de	termine tax	14		9999		
15 Credit for taxes paid to other states. Credit may not exceed amo	ount on Line 14.	15	999	9999	999.	00
See instructions, page 7. Attach copy of state return.						
16 DC Low -Income Housing Tax Credit (see instructions)		16		9999		
17 Net tax on fiduciary income. Line 14 minus Lines 15 and 16, if	less than 0, enter 0.	17		9999		
18a Income tax withheld		18a		9999		
18b 2022 estimated fiduciary income tax payments		18b		9999		
19 Payments made with extension of time to file from FR-127F ca		19		9999		
20 If this is an amended 2022 return, payments made with original		20		9999		
21 If this is an amended 2022 return, enter refunds requested with	original 2022 D-41 return.	21		9999		
22 Total payments <i>Add Lines 18 a- 20, do not include Line 21.</i>		22	999	9999	99.	00
(6 1 in 20 in a 4 in 1 in 17 in 11 in 17 in 20	161: 00:- 1 11 11 11	. 17			20 6	- 1: 17
If Line 22 is more than Line 17 subtract Line 17 from Line 22.	If Line 22 is less than Lii	ne 1/ s	Suptrac	Line ∠	′∠ tron	n Line 17.
23 Amount of overpayment 9999999.00	26 Total amount due		999	9999	999.	00
24 Amount, if any, to be applied to 2023 estimated tax						
	Payment					
99999999.00	Attach check or money or	der (US	dollars) to the	D-41	voucher or
25 Refund Subtract Line 24 from Line 23	make it payable to: DC Tre			the est	ate or	trust's FEIN
	and "2022 D-41" on your	paymer	ıt.			
99999999.00					+++	
Will this refund you requested go to an account outside the U.S.? X Yes X	No See instructions				+++	
This talk you requested go to an account outside the o.o	110 occ mandelons					
Datinal Caliana						
Refund Options						
	neck			$\rightarrow \rightarrow$	+++	
Direct Deposit						
	ount, fill in and enter bank routing a		ount nur	nbers. S	ee insi	ructions.
Third party designee To authorize another person to discuss this return with		-	and nh	ono nur	nhor o	f that nerso
See instructions.	ii OTK, Illaik liele 📈 allu elitei tile	Haine	anu pin	Jile Hull	ibei o	i tilat persor
Designee's name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P	hone (2000	9999	200	
Designee 3 marile AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		110110	7 7 7 7	ככככ	כני	
Signature Under penalties of law, I declare that I have examined thi	is return and to the hest of my kno	wledge	it is co	rrect		
Declaration of paid preparer is based on the information		wieuge	,11 13 00	TGUL.		
Signature of fiduciary or officer representing the fiduciary Date	available to the preparet.				++	
	999999					
	rer's Tax Identification Number (PTIN)					
	999999					
Preparer's address (number and street) City			State	ZIP Cod	de +4	
	xxxxxxxxxxxxx	X	XX		999	999
	<u> </u>	- Z \	2222			
Email Address						
9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXXXX						
					++	
Send your signed and cor						
Office of Tax and Revenue						T
PO Box 96153				-++	+	-

Washington DC 20090-6153

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Rev 11/2022