

FORM K-41ES INSTRUCTIONS

Print your name, address, EIN or Trust number, and the taxable year beginning date ending dates. If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

Mail your payment and the voucher to:

KANSAS FIDUCIARY ESTIMATED TAX
PO BOX 3506
TOPEKA KS 66625-3506

To ensure the most efficient processing of your payments,

it is important that you use only black ink to complete the vouchers.

- 1) Be sure to use the correct voucher for the quarter in which you are remitting payment. Enter all required information, including the amount of your payment.
- 2) Write your federal Employer Identification Number (EIN) or Trust number on your check or money order and make payable to: Kansas Fiduciary Estimated Tax.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222.

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-41ES

Rev. 8-23

000

2024 Kansas
FIDUCIARY ESTIMATED
VOUCHER



Voucher is due by the 15th day of the 4th month of the taxable year

01012024

12312024

073456789

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

XX

1

Payment Amount

\$

2567189.00

817024073456789073456789010124123124

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-41ES

Rev. 8-23

000

2024 Kansas
FIDUCIARY ESTIMATED
VOUCHER



Voucher is due by the 15th day of the 6th month of the taxable year

01012024

12312024

073456789

NameXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FiduciaryNameXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

XX

2

Payment Amount

\$

2567189.00



817024073456789073456789010124123124

NOTE: If **any due** date falls on a Saturday, Sunday, or legal holiday, **substitute** the next regular workday.

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or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-41ES

Rev. 8-23

000

2024 Kansas
FIDUCIARY ESTIMATED
VOUCHER



Voucher is due by the 15th day of the 9th month of the taxable year

01012024

12312024

073456789

NameXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FiduciaryNameXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

XX

3

Payment Amount

\$

2567189.00



817023073456789073456789010124123124

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, *substitute* the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-41ES

Rev. 8-23

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2024 Kansas
FIDUCIARY ESTIMATED
VOUCHER



Voucher is due by the 15th day of the 12th month of the taxable year

01012024

12312024

073456789

NameXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FiduciaryNameXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
ESTATEORTRUSTADDRESSXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST 66429-1712
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXXX

Name or Address
Change

XX

4

Payment Amount

\$

2567189.00

817024073456789073456789010124123124