





Print in CAPITAL letters using black ink.

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Information Fill in: if amended return See instructions Fill	in: if this is y	our final return	
Tax period ending (MMDDYYYY) Fill in type of entity: Estate	Simple trust	Complex trust	
Fill in type of trust: Testamen	tary (created by a	a will) Inter vivos (living)	
Estate or trust's federal employer ID number	Dayt	time telephone number	
Estate or trust name			
Fiduciary's name and title			
Fiduciary's address (number, street and suite/apartment number if applicable)			
City	State	Zip Code +4	
Complete if entity (MMDDYYYY) is a trust	Complete if entity is an estate	(MMDDYYYY)	
Date created	Date of deceas	ed's death	
If trust ended in 2019, (MMDDYYYY)		(MMDDYYYY)	
enter date	If estate ended	I in 2019,	
Name of grantor	enter date	0-76EZ estate tax return been filed? Yes	No
Address of grantor (number, street and suite/apartment number if applicable)			110
	If no, will one be file	ed? Yes No	
City State Zip Code			
Income		Round cents to nearest dollar. If amount is zer if minus, enter amount and fill oval.	o, leave line blank;
1 Federal total income from federal Form 1041.	Fill in if loss	1 \$.00
2 Additions to federal total income from Calculation A, Line f, page 6 of inc	structions.	2 \$	00
3 Add Lines 1 and 2.	Fill in if loss	3 \$	00
4 Subtractions from federal total income from Calculation B, Line d, page	6 of instructions.	4 \$	00
5 Total DC fiduciary income Subtract Line 4 from Line 3. If zero or a loss,	Fill in if loss	5 \$	00
stop here; do not fill in rest of form.		3 4	00
Deductions 6 Interest from federal Form 1041.		6 \$.00
	41		00
 Taxes Subtract the state, local and DC franchise tax entered on federal Form 10 Deduction for distributions to beneficiaries from federal Form 1041. 	41.	7 \$	
	15 1041	8 \$.00
9 Other deductions Enter total of Lines 12,13,14, 15a, 15b and 19 from federal Form 1041.		9 \$	00
10 Trust deduction Enter \$100 for trusts. If the trust ended during 2019, prore See page 7 for instructions.	ate the amount.	10 \$.00
11 Total deductions Add Lines 6-10		11 \$	00
12 Tentative taxable fiduciary income Subtract Line 11 from Line 5.	Fill in if loss	12 \$	00

D-41	PAGE 2				
Name					
FEIN	1.0	1 9 0 4 1 0 1 2 0 0 0 0			
13 No	et capital gain from sale or exchange of an eligible investment in a QHTC, om Schedule QCGI, Line 3. See instructions.	13 \$	00		
14 Ta	axable fiduciary income Subtract Line 13 from Line 12. Fill in if loss	14 \$	00		
Tax ar	nd payments				
	entative Tax on fiduciary income. Use Calculation C/Tax Schedule to determine tax	15 \$ (00		
16 39	% tax on eligible QHTC capital gains income From Line 4 of Schedule QCGI		00		
17 Ta	ax on fiduciary income Line 15 plus Line 16		00		
18 Cr	redit for taxes paid to other states Credit may not exceed amount on Line 17. See instructions, page 7. Attach copy of state return.		00		
19 Ne	et tax on fiduciary income Line 17 minus Line 18	19 \$.(00		
20 In	come tax withheld	20 \$	00		
21 20	019 estimated fiduciary income tax payments	21 \$ (00		
22 Pa	ayments made with extension of time to file from FR-127F calculation, Line 3		00		
	this is an amended 2019 return, payments made with original 2019 D-41 turn.		00		
	this is an amended 2019 return, enter refunds requested with original 019 D-41 return.	24 \$	00		
25 To	otal payments Add Lines 20 - 23, <u>do not include Line 24.</u>	25 \$	00		
26 Amount of overpayment 29 Total Amount Due 00 29 Total Amount Due 00 27 Amount, if any, to be applied to 2020 estimated tax Payment Attach check or money order (US dollars) to the D-41P voucher only; make it payable to: DC Treasurer. Write the estate or trust's FEIN and "2019 D-41" on your payment. Will this refund you requested go to an account outside the U.S.? Yes No See instructions					
	1 Options:				
	pne refund choice: Direct deposit or Paper check Deposit. To have your refund deposited to your checking or savings account, fill in over	al and enter bank routing and account numbers. See instruction	ons		
	Deposit. To have your refund deposited to your checking or savings account, fill in over Number	al and enter pank routing and account numbers. See instruction	JIIS.		
Third par	rty designee To authorize another person to discuss this return with OTR, fill in here and enter	the name and phone number of that person. See instructions.			
Designee	e's name	Phone number			
	Declaration of paid preparer is based on the information available to the preparer. of fiduciary or officer representing the fiduciary Date				
Signature	of paid preparer Preparer's Tax Id	entification Number (PTIN)			
Preparer's	s address (number and street) City	State Zip Code			
Send your signed and completed original return to: Office of Tax and Revenue PO Box 96153 Washington DC 20090-6153					