





Print in CAPITAL letters using black ink.

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Ir	Information Fill in: if amended return See instructions Fill in: if this is your final return							
Ta	Tax period ending (MMDDYYYY) Fill in type of entity: Estate Simple trust Complex trust							
	Fill in type of trust: Testamentary (created by a			g)				
Es	state or trust's federal employer ID number Dayt	time telephone r	number					
F	state or trust name							
Ī	sace of trust name							
F	iduciary's name and title							
Fi	duciary's address (number, street and suite/apartment number if applicable)							
С	ity State	Zip Code	+4					
	emplete if entity (MMDDYYYY) Complete if entity		(MMDD	YYYY)				
	a trust is an estate Date created Date of deceas	ed's death						
If	trust ended in 2020, (MMDDYYYY)		(MMDDYYYY)					
	nter date If estate ended	I in 20 20 ,						
N	ame of grantor Has a DC D-76 or D) 76E7 ostato ta	v roturn boon filad?	Yes	No			
Ac	Idress of grantor (number, street and suite/anartment number if annicable)			163	110			
	If no, will one be file	ed? Yes	No O					
Ci	ty State Zip Code							
		Davind and to			!:			
In	come		nearest dollar. If amo amount and fill oval.	ount is zero, iea	ve iine biank;			
1	Federal total income from federal Form 1041.	1 \$.00			
2	Additions to federal total income							
	(a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund.	2a \$			00			
	(b) Other additions to federal total income from Calculation A, Line f, page 6	2b\$.00			
3	Add Lines 1, 2a and 2b. Fill in if loss	3 \$			-00			
4	Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified							
	Opportunity Fund.	4a \$.00			
	(b) Other subtractions to federal total income from Calculation B, Line d, page 6	4b \$.00			
5	Add Lines 4a and 4b.	5 \$			00			
6	Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop berg, do not fill in root of form.	6 \$			00			
De	stop here; do not fill in rest of form.							
	Interest from federal Form 1041.	7 \$			_00			
8	Taxes Subtract the state, local and DC franchise tax entered on federal Form 1041	8 \$.00			
9	Deduction for distributions to beneficiaries from federal Form 1041.	9 \$			00			

D-41	PAGE 2		 				
Name							
FEIN		2 0 0 4 1 0 1 2 0 0 0 0					
11 Tro	her deductions Enter total of Lines 12,13,14, 15a, 15b and 19 from federal Form 1041. ust deduction Enter \$100 for trusts. If the trust ended during 2020, prorate the rount. See page 7 for instructions.	10 \$ 11 \$	00				
12 To	tal deductions Add Lines 7-11	12 \$	00				
13 Ta	xable fiduciary income Subtract Line 12 from Line 6. Fill in if loss	13 \$	00				
Tax and payments							
14 Ta	x on fiduciary income. Use Calculation C/Tax Schedule to determine tax	14 \$	00				
15 Cr	redit for taxes paid to other states Credit may not exceed amount on Line 14. See instructions, page 7. Attach copy of state return.	15 \$	00				
16 Ne	et tax on fiduciary income Line 14 minus Line 15	16 \$	00				
17a I	ncome tax withheld	17a \$	00				
17b 2	2020 estimated fiduciary income tax payments	17b \$	00				
18 Pa	ayments made with extension of time to file from FR-127F calculation, Line 3	18 \$	00				
	this is an amended 2020 return, payments made with original 2020 D-41 turn.	19 \$	00				
	this is an amended 2020 return, enter refunds requested with original 020 D-41 return.	20 \$.00				
21 To	otal payments Add Lines 17a - 19, <u>do not include Line 20.</u>	21 \$.00				
22 A ov 23 Ar 24 Re	If Line 21 is more than Line 16 subtract Line 16 from Line 21. Amount of overpayment Amount, if any, to be applied to 2021 estimated tax Refund Subtract Line 23 from Line 22 Will this refund you requested go to an account outside the U.S.? If Line 21 is less than Line 16 subtract Line 21 from Line 16. Total Amount Due 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 "2020 D-41" on your payment.						
Refund Options:							
Mark one refund choice: Direct deposit or Paper check Direct Deposit. To have your refund deposited to your checking or savings account, fill in oval and enter bank routing and account numbers. See instructions.							
Routing Number Account Number							
Third party 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's name Phone number							
Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.							
Signature of fiduciary or officer representing the fiduciary Date							
Signature of paid preparer Preparer's Tax Identification Number (PTIN)							
Preparer's	Preparer's address (number and street) City State Zip Code						
Email Address							
Send your signed and completed original return to: Office of Tax and Revenue PO Box 96153 Washington DC 20090-6153							

Revised 11/2020