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OFFICIAL USE ONLY Print in CAPITAL letters using black ink. Vendor ID#0002 **Information** *Fill in:* if amended return See instructions Fill in: if this is your final return Tax period ending (MMDDYYYY) Fill in type of entity: Estate Simple trust Complex trust Fill in type of trust: Testamentary (created by a will) Inter vivos (living) Estate or trust's federal employer ID number Daytime 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) Complete if entity (MMDDYYYY) is a trust is an estate Date created Date of deceased's death (MMDDYYYY) (MMDDYYYY) If trust ended in 2020. If estate ended in 2020, enter date enter date Name of grantor Has a DC D-76 or D-76EZ estate tax return been filed? Yes Nο Address of grantor (number, street and suite/apartment number if applicable) If no, will one be filed? Yes No ( City State Zip Code Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill oval. Income Fill in if loss 00 Federal total income from federal Form 1041. Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal 00 2a Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 6 00 2b 3 Add Lines 1, 2a and 2b. Fill in if loss 3 00 Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified 00 Opportunity Fund. 4a (b) Other subtractions to federal total income from Calculation B, Line d, page 6 00 4b 5 Add Lines 4a and 4b. 5 00 6 Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, Fill in if loss 00 6 stop here; do not fill in rest of form. **Deductions** 00 7 Interest from federal Form 1041. 00 8 Taxes Subtract the state, local and DC franchise tax entered on federal Form 1041

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Deduction for distributions to beneficiaries from federal Form 1041.

| D-41 PAGE 2                                                                                                                                                                                                                                                                                       |                                                                           | ∭ ' |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----|
| Name Name                                                                                                                                                                                                                                                                                         |                                                                           |     |
| FEIN                                                                                                                                                                                                                                                                                              | 2 0 0 4 1 0 1 2 0 0 0 2                                                   |     |
| 10 Other deductions Enter total of Lines 12,13,14, 15a, 15b and 19 from federal Form 1041                                                                                                                                                                                                         | . 10 \$                                                                   | 00  |
| 11 Trust deduction Enter \$100 for trusts. If the trust ended during 2020, prorate the amount. See page 7 for instructions.                                                                                                                                                                       | 11 \$                                                                     | 00  |
| 12 Total deductions Add Lines 7-11                                                                                                                                                                                                                                                                | 12 \$                                                                     | .00 |
| 13 Taxable fiduciary income Subtract Line 12 from Line 6. Fill in if loss                                                                                                                                                                                                                         | 13 \$                                                                     | .00 |
| Tax and payments                                                                                                                                                                                                                                                                                  |                                                                           |     |
| 14 Tax on fiduciary income. Use Calculation C/Tax Schedule to determine tax                                                                                                                                                                                                                       | 14 \$                                                                     | 00  |
| 15 Credit 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 Net tax on fiduciary income Line 14 minus Line 15                                                                                                                                                                                                                                              | 16 \$                                                                     | 00  |
| 17a Income tax withheld                                                                                                                                                                                                                                                                           | 17a \$                                                                    | 00  |
| 17b 2020 estimated fiduciary income tax payments                                                                                                                                                                                                                                                  | 17b \$                                                                    | 00  |
| 18 Payments made with extension of time to file from FR-127F calculation, Line 3                                                                                                                                                                                                                  | 18 \$                                                                     | 00  |
| 19 If this is an amended 2020 return, payments made with original 2020 D-41 return.                                                                                                                                                                                                               | 19 \$                                                                     | 00  |
| 20 If this is an amended 2020 return, enter refunds requested with original 2020 D-41 return.                                                                                                                                                                                                     | 20 \$                                                                     | 00  |
| 21 Total payments Add Lines 17a - 19, do not include Line 20.                                                                                                                                                                                                                                     | 21 \$                                                                     | .00 |
| If Line 21 is more than Line 16 subtract Line 16 from Line 21.  22 Amount of overpayment  23 Amount, if any, to be applied to 2021 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 |                                                                           |     |
| 24 Refund Subtract Line 23 from Line 22 \$ and "2020 D-41" on your payment.                                                                                                                                                                                                                       |                                                                           |     |
| Will this refund you requested go to an account outside the U.S.? Yes No See instructions                                                                                                                                                                                                         |                                                                           |     |
| Refund Options:  Mark one refund choice: Direct deposit or Paper check                                                                                                                                                                                                                            |                                                                           |     |
| Direct Deposit. To have your refund deposited to your or 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 Designee's name                                                                                                                                                                          | r the name and phone number of that person. See instruction. Phone number | S.  |
| 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 Ic                                                                                                                                                                                                                                                      | dentification Number (PTIN)                                               |     |
| 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<br>Washington DC 20090-6153                                                                                                                                                                                                                                                          |                                                                           |     |

Revised 11/2020