



OFFICIAL USE ONLY  
Vendor ID#0002

Print in CAPITAL letters using black ink.

**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 is a trust (MMDDYYYY)  Date created

Complete if entity is an estate (MMDDYYYY)  Date of deceased's death

If trust ended in 2022, enter date (MMDDYYYY)

If estate ended in 2022, enter date (MMDDYYYY)

Name of grantor

Address of grantor (number, street and suite/apartment number if applicable)

City  State  Zip Code

Has a DC D-76 or D-76EZ estate tax return been filed? Yes  No

If no, will one be filed? Yes  No

| Income            |   | Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill oval. |                             |
|-------------------|---|---|-----------------------------|
| 1                 | Federal total income from federal Form 1041. Fill in if loss <input type="radio"/>  | 1   | \$ <input type="text"/> 00  |
| 2                 | Additions to federal total income   |   |                             |
|                   | (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund.   | 2a  | \$ <input type="text"/> 00  |
|                   | (b) Other additions to federal total income from Calculation A, Line f, page 8  | 2b  | \$ <input type="text"/> 00  |
| 3                 | Add Lines 1, 2a and 2b. Fill in if loss <input type="radio"/>   | 3   | \$ <input type="text"/> 00  |
| 4                 | Subtractions from federal total income  |   |                             |
|                   | (a) Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund.  | 4a  | \$ <input type="text"/> .00 |
|                   | (b) Other subtractions to federal total income from Calculation B, Line d, page 8   | 4b  | \$ <input type="text"/> .00 |
| 5                 | Add Lines 4a and 4b.  | 5   | \$ <input type="text"/> .00 |
| 6                 | Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, stop here; do not fill in rest of form. Fill in if loss <input type="radio"/> | 6   | \$ <input type="text"/> .00 |
| <b>Deductions</b> |   |   |                             |
| 7                 | Interest from federal Form 1041.  | 7   | \$ <input type="text"/> .00 |
| 8                 | Taxes Subtract the state, local and DC franchise tax entered on federal Form 1041   | 8   | \$ <input type="text"/> .00 |
| 9                 | Deduction for distributions to beneficiaries from federal Form 1041.  | 9   | \$ <input type="text"/> .00 |

Name [ ] FEIN [ ]



Table with 12 columns: Line number, Description, and Amount. Rows include: 10 Other deductions, 11 Trust deduction, 12 Total deductions, 13 Taxable fiduciary income, 14 Tax on fiduciary income, 15 Credit for taxes paid to other states, 16 DC Low-Income Housing Tax Credit, 17 Net tax on fiduciary income, 18a Income tax withheld, 18b 2022 estimated fiduciary income tax payments, 19 Payments made with extension of time to file, 20 If this is an amended 2022 return, payments with original 2022 D-41 return, 21 If this is an amended 2022 return, enter refunds requested with original 2022 D-41 return, 22 Total payments.

23 Amount of overpayment \$ [ ] .00 24 Amount, if any, to be applied to 2023 estimated tax \$ [ ] .00 25 Refund Subtract Line 24 from Line 23 \$ [ ] .00 26 Total Amount Due \$ [ ] .00 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 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 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