





Print in CAPITAL letters using black ink.

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Tax period ending (MMDDYYYY) Fill in type of entity: Estate Simple trust	our final return	
	Complex trust	
	will) Inter vivos (living)	
Estate or trust's federal employer ID number Day	time telephone number	
Estate or trust name		
Estate of trust name		
Fiduciary's name and title		
Fiduciary's address (number, street and suite/apartment number if applicable)		
City State	Zip Code +4	
	Zip dddc 14	
Complete if entity (MMDDYYYY) Complete if entity	(MMDDYYYY)	
is a trust is an estate Date created Date of decease	ed's death	
(MMDDVVVV)	(MMDDYYYY)	
If trust ended in 2022, enter date If estate ended	in 2022,	
Name of grantor enter date		
	1-76EZ estate tax return been filed? Yes No	
Address of grantor (number, street and suite/apartment number if applicable) If no, will one be file	d? Yes No	
City State Zip Code		
City State Zip Code		
	Round cents to nearest dollar. If amount is zero, leave line if minus, enter amount and fill oval.	blank;
Income	if minus, enter amount and fill oval.	
Income 1 Federal total income from federal Form 1041. Fill in if loss		blank;
Income	if minus, enter amount and fill oval. 1 \$	00
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income	if minus, enter amount and fill oval.	
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal	if minus, enter amount and fill oval. 1 \$	00
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund.	1 \$ 2a\$	00
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 8	1 \$ 2a\$	00
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 8 3 Add Lines 1, 2a and 2b. Fill in if loss 4 Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified	if minus, enter amount and fill oval. 1 \$ 2a\$ 2b\$ 3 \$	00 00 00 00
Income 1 Federal total income from federal Form 1041. Fill in if loss 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 8 3 Add Lines 1, 2a and 2b. Fill in if loss 4 Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund.	if minus, enter amount and fill oval. 1 \$ 2a\$ 2b\$ 3 \$	00 00 00 00
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Income 1 Federal total income from federal Form 1041. 2 Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 8 3 Add Lines 1, 2a and 2b. 4 Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund. (b) Other subtractions to federal total income from Calculation B, Line d, page 8 5 Add Lines 4a and 4b. 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 Deductions	if minus, enter amount and fill oval. 2a\$ 2b\$ 3 \$ 4a \$ 4b \$ 5 \$ 6 \$	00 00 00 00 00 00
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D-41 PAGE 2	88 8 818 811 811 8188 811 818 818 811 811 811 811 811			
Name				
FEIN	2 2 0 4 1 0 1 2 0 0 0 0			
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. 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 DC Low-Income Housing Tax Credit (see instructions).	16 \$.00		
17 Net tax on fiduciary income Line 14 minus Lines 15 and 16, if less than 0, enter 0.	17 \$	00		
18a Income tax withheld	18a \$.00		
18b 2022 estimated fiduciary income tax payments	18b \$.00		
19 Payments made with extension of time to file from FR-127F calculation, Line 3	19 \$.00		
20 If this is an amended 2022 return, payments with original 2022 D-41 return.	20 \$	00		
21 If this is an amended 2022 return, enter refunds requested with original 2022 D-41 return.	21 \$.00		
22 Total payments Add Lines 18a - 20, do not include Line 21.	22 \$.00		
If Line 22 is more than Line 17 subtract Line 17 from Line 22. If Line 22 is legal Amount of overpayment 26 Total A Due	ess than Line 17 subtract Line 22 from Line 17. mount	00		
05 D f - La -	eck or money order (US dollars) to the D-41P voucher or ayable to: DC Treasurer. Write the estate or trust's FEII 2 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 checking or savings account, fill in over Routing Number Account Number	val and enter bank routing and account numbers. See instr	uctions.		
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter Designee's name	the name and phone number of that person. See instruction	ns.		
Signature Under penalties of law, I declare that I have examined this return and, to the best 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 Id	lentification Number (PTIN)			
Preparer's address (number and street) City	State Zip Code			
En ell Address				
Email Address				
Send your signed and completed original	return to:			
Office of Tax and Revenue				

PO Box 96153 Washington DC 20090-6153