





Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY 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		
	will) Inter vivos (living)		
Estate or trust's federal employer ID number  Dayt	ime 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		
	2.0000 1 1		
Complete if entity (MMDDYYYY) Complete if entity	(MMDDYYYY)		
is a trust is an estate  Date created Date of deceas	ed's death		
(MMDDVVVV)	(MMDDYYYY)		
If trust ended in 2023, enter date  If estate ended	in 2023,		
Name of grantor enter date			
	-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			
Income	Round cents to nearest dollar. If amount is zero, leave line blaif minus, enter amount and fill oval.		
1 Federal total income from federal Form 1041. Fill in if loss	1 \$ .0		
2 Additions to federal total income			
(a) Capital gains deferred on federal return due to investment in a federal	- ^		
Qualified Opportunity Fund.	2a\$		
(b) Other additions to federal total income from Calculation A, Line f, page 8	2b\$ .0		
3 Add Lines 1, 2a and 2b. Fill in if loss	3 \$ .0		
4 Subtractions from federal total income			
(a) Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund.	4a \$		
(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,	5 \$		
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.	6 \$		
Deductions			
	7 (		
7 Interest from federal Form 1041.	7 \$		
	7 \$C 8 \$C		

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Name			
FEIN	2 3 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 104.	1. 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 2023 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 2023 return, payments with original 2023 D-41 return.	20 \$	.00	
21 If this is an amended 2023 return, enter refunds requested with original 2023 D-41 return.	21 \$	.00	
22 Total payments <i>Add Lines 18a - 20, do not include Line 21.</i>	22 \$	.00	
If Line 22 is more than Line 17 subtract Line 17 from Line 22.  23 Amount of overpayment  Solution 17 subtract Line 17 subtract Line 17 subtract Line 18 subtract Line 19 subtra			
24 Amount, if any, to be applied to 2024 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 "2023 D-41" on your payment.  Will this refund you requested go to an account outside the U.S.?  Yes  No See instructions			
Refund Options:	000 11100 00010		
Mark one refund choice: Direct deposit or Paper check  Direct Deposit. To have your refund deposited to your checking or savings account, fill in a	oval and enter bank routing and account numbers. See inst	ructions	
Routing Number Account Number	war and enter bank routing and account numbers. See inst	ractions.	
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter Designee's name	er the name and phone number of that person. See instruction Phone number	ons.	
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 prepare			
Signature of fiduciary or officer representing the fiduciary  Date			
Signature of paid preparer Preparer's Tax I	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			

Washington DC 20090-6153