Government of the District of Columbia	2005 D-41 SL Income	JB Fiduciary Fax Return						
I eave the lines blank	that do not apply to you		OFFICIAL USE ONLY	0 4	1	0 2 1	0 0 0	0
	that do not apply to you	·	OFFICIAL USE ONL					
Fiduciary informat	ion Fill in: 🗙 if Ame	nded return	Fill in: X if this is	vour final	return			
Tax year beginning (MM/		 Type of entity Fill in 		X S		truct	x Comp	lex trust
MM/YY	MM/YY	Type of trust Fill in t						er vivos (living)
Estate or trust's federal en	f	Estate or trust's social secur		Daytime p			/	er vivos (iiving,
123456789		123456789	ity number	1234				
Estate or trust name		123430709		1234	5070	090		
	KLABCDEFGHIJK	ТЛРСПЕЕСИТ.Т						
ADCDEFGIIIOI								
Fiduciary's name and title								
	KLABCDEFGHIJK	LABCDEFGHTJ						
Fiduciary's address (numl	per and street) Fill in:	if this is your first retu	rn or if your address cha	nged from	your la	ist return	Suite nu	Imber
	GHIJKLABCDEF						12A	
	KLABCDEFGHIJK							
City			State	Zip (Code			
ABCDEFGHIJI	KLABCDEFGH		AB			5789		
	ormation Complete if en	tity is a trust					omplete if entity	/ is an estate
)D/YYYY))/YYYY)	
Date created MM			Date of dec	eased's c	leath		D/YYYY	
	(MM/DD)					/	(MM/DD)	
If trust ended in 20	05, enter date MM/DD		If estate end	led in 20	05, er	nter date	MM/DD	
Name of grantor								
ABCDEFGHIJ	KLABCDEFGHIJF	LABCDEFGHIJ	Has a DC D-76	or D-76EZ	estate t	ax return b	een filed? Yes	X No X
Address of grantor (numb								
12345ABCDE	FGHIJKLABCDEI	7GH	If no, will one b	e filed?	Yes	x	No X	
ABCDEFGHIJKI	ABCDEFGHIJKLA	3CDEF						
City	Sta	te Zip Code	Complete	ederal l	orm	1041 t	efore conti	nuing
	labcdefgh <u>ab</u>							
Income Round cen	ts to the nearest dollar.	If the amount is zero,	leave the line blank.					
1 Total income	From federal For		Mark if loss X	1	\$	10-	456700	0.0
	deral total income Fr			1	۹ \$		8456789 8456789	
3 Add Lines		OUN CALCULATION A	Mark if loss X	2	\$		3456789 3456789	
		ne From Calculatio		4	э \$		456789	
		ny riom calculatio		4	φ	123	40/024	
5 Total DC fiduc	iary income cubture	Line 4 from Line 3.	Mark if loss X	5	\$	100	456789	0.0
		T FILL IN THE REST			Ψ		100709	
Deductions and ex								
	Form 1041, Line	10.		6	\$	102	456789	0.0
		d DC franchise tax entered	an Romm 1041 Line 11		\$		456789	
		ciaries From Form		8	\$		456789	
		FOLIN FOLIN	1071, HINC 10.		- T			
9 Other deducti	ONS Add Lines 12, 13.	14, 15a, 15b and 19 of	E your Form 1041.	9	\$	122	456789	.00
							100,00	
10 Exemption En	t er \$1,370 for estates and	d \$100 for trusts. If the e	estate ented during 2005	10	\$	123	456789	.00
prorate the e	exemption. See i	nstructions.						
11 Total deduction	s and exemptions 2	dd Lines 6-10.		11	\$	123	456789	.00
12 Taxable fiducia	ary income subtract	Line 11 from Line 5.	Mark if loss X	12	\$	123	456789	. 0 0
		2005	D-41 SUB P1					
	Revised 10/05							

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9 10 11 12 13 14 15 16 17

1 2 3

66 2 3

Enter your last name. ABCDEFGHIJKLABCDEFGH



42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57

68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

Your SSN or FEIN	1	2	3	4	5	6	7	8	9	
	 _				_	_	_	_	_	

	nd cents to the nearest dollar.		line blank.		
ax calculation <i>If Line 12 is a loss, go dire</i>					
If Line 12 is \$10,000 or	less If Line 12 i	s \$10,001 - \$30,000] If Line 12	is over \$30,000	
				12 1 0 2 4 5 6 7 0 0	
a Amount from Line 12 12345678				123456789.0	
	0.05 b Income subtractor		b Income subtractor		
Multiply Line a 12345678	9.00 c Subtract Line b	123456789.00	c Subtract Line b	123456789.0	0
by Line b	from Line a		from Line a		
d Enter amount here 123456789	9.00 d Tax rate	x 0.075	d Tax rate	x 0.0	
and on Line 13	e Multiply Line c	123456789.00	e Multiply Line c	123456789.(0.0
	by Line d		by Line d		
	f Add ≑500	+ 500.00	f Add \$2,000	+2000.0	0 0
	g Enter total here	123456789.00	g Enter total here	≥ 123456789.0	0 0
	and on Line 13		and on Line 13		
13 Tax on fiduciary inco	me		13	\$123456789.	0 0
14 Credit for taxes paid the amount on Line 13. See instruction			<u> </u>	\$123456789.0	0 0
15 Net tax on fiduciary inco	me line 13 minus line 14		15	\$123456789.	0
	···· =			YILJIJU/UJ.(
6 2005 estimated income	tay naumonto		16	\$123456789.0	
		to file	17	\$123456789.	
L7 Payments made with an From FR-127F, Line 3	EXTENZION OL LIWG	CO 1116		γIZ3430/89.	
				61001EC700	
⊿ð If this is an amended 2005 ret		original 2005 D-41	18	\$123456789.	
9 Total payments Add Lines 16	-18		19	\$123456789.(
	between Thing IF Error Till to				
Complete if Line 19 is more than Line 15. Sui				ract Line 19 from Line 15.	
O Amount of overpayment	\$123456789. 00	23 Amount y	OU OWE	\$123456789.0	
		Payment			
김 Amount, if any, to be applied			k or money o	rder made pay-	+ + + + + + + + + + + + + + + + + + +
	\$123456789. 00		Treasurer, W		
				trust's FEIN	
22 Refund Subtract			D-41" on the		
Line 21 from Line 20	\$123456789. 00			· · · · · · · · · · · · · · · · · · ·	
	clare that I have examined this retur		edge, it is correct.		
Declaration of paid preparer	is based on all information availabl	le to the preparer.			
Signature of fiduciary or officer representing the fiduciary		Date			
Signature of paid preparer		Paid preparer's Federal ID, SS	N, or PTIN		
Paid preparer's address (number and street)		City	State	Zip Code	
12345ABCDEFGHIJKLABC	DEFGH	ABCDEFGHIJKLAE		123456789	
Additional documentation					
	report and a statement of and				
You must file a copy of the will or trust ag of the following: the estate or trust, the be	· · · · · · · · · · · · · · · · · · ·	ing the tax hability of each			
		oon amonded			
Do not attach these documents unless the	ie will or trust agreement has be	een amended.			
Fill in X if you filed these docume	ents in a previous year Date1	filed (MM/YY)	Year of return	(YYYY)	
Send your signed and o Office of Tax and Reve	completed original return to:				
PO Box 441					
Washington DC 2004	44-0441				
)5 D-41 SUB P2			
Rev 10/05					