Governmen District of Co	lumbia 2004 FR-12/F SUB EXTENSION	
	of Time to File	*011270110000*
	Fiduciary Income Tax Return	*041270410000*
		OFFICIAL USE ONLY
Loavoli	ines blank that do not apply.	OFFICIAL USE ONLY
Leave	nes biank tilat do not appiy.	
	beginning (MM/YY) Tax year ending (MM/YY)	
MMYY	MMYY	
	ary information	
		Daytime phone number
1234	56789 123456789	1234567890
	trust name	
	EFGHIJKLABCDEFGHIJKLABCDEFGHIJ	
1 1 1 1 1 -	s name and title	
ABCD	EFGHIJKLABCDEFGHIJKLABCDEFGHIJ	
Fid. size -	s address (number and street) Mark if X this is your first return or if your a	address changed from your last return Apartment number
	5ABCDEFGHIJKLABCDEFGH	Aparment number AB123
	DEFGHIJKLABCDEFGHIJKLABCDEF	
שטעה	LI SILIONEI ISODEI SILIONEIADODEI	
City		State Zipcode
-		AB 123456789
Extens	ion to file	
• 0	ctober 15, 2005 for calendar year filers; or	Round cents to the nearest dollar. If amount is zero, leave the line blank.
• Si	x (6) months after the due date for the fiscal year filers	
1To	otal estimated income tax liability for 2004	1 \$ 123456789.00
2 2	004 estimated tax payments	2 \$ 123456789.00
	mount due with this request If Line 1 is more than Line 2, subtract Line 2 from	m Line 1. 3 \$ 123456789.00
	ou must send payment in full with this form or your request will be denied. Line 2 is more than Line 1, you do not need to file this form, you have an automatic	extention
	Enile 2 is more than Enile 1, you do not need to nie tills form, you have all addontable	s entermori.
		-1 CCM -1 FUN -1 4 2004 FD 1075
	ttach check or money order made payable to DC Treasurer. Write the Estate or Trubu may not pay by credit card.	
YC	may may may by by bleak bala. I wall this form with any payment due by the due	UQUE OF INTERIOR
Signat	ure	
Signat		
Signature	of flduciary or officer representing the fiduciary Date	
	Send your signed and completed form to: Office of	
		orth Capitol Street NE, 6th floor
	wasnir	ngton, DC 20002-4265
	e a copy of this form for your records.	
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Sav		NIP D1
Sav	2004 FR-127F S	\$UB P1
Sav		SUB P1

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