



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

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 (MMYY)   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)       Complete if entity is an estate (MMDDYYYY)

Date created (MMDD)   Date of deceased's death (MMDD)

If trust ended in 2015, enter date     If estate ended in 2015, enter date

Name of grantor

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

City  State  Zip Code

Income		Round cents to nearest dollar. If amount is zero, leave line blank.	
1	Federal total income from federal Form 1041. Fill in if loss <input type="radio"/>	1 \$	00
2	Additions to federal total income from Calculation A, line f, page 6 of instructions.	2 \$	00
3	Add Lines 1 and 2. Fill in if loss <input type="radio"/>	3 \$	00
4	Subtractions from federal total income from Calculation B, line d, page 6 of instructions.	4 \$	00
5	Total DC fiduciary income Subtract Line 4 from Line 3. If zero or a loss, stop here; do not fill in rest of form. Fill in if loss <input type="radio"/>	5 \$	00
<b>Deductions and exemptions</b>			
6	Interest from federal Form 1041.	6 \$	00
7	Taxes Subtract the state, local and DC franchise tax entered on federal Form 1041.	7 \$	00
8	Deduction for distributions to beneficiaries from federal Form 1041.	8 \$	00
9	Other deductions Enter total of Lines 12, 13, 14, 15a, 15b, 15c and 19 from federal Form 1041.	9 \$	00
10	Exemption Enter \$1,775 for estates and \$100 for trusts. If the estate ended during 2015, prorate the exemption. See page 7 for instructions.	10 \$	00
11	Total deductions and exemptions Add Lines 6-10.	11 \$	00
12	Taxable fiduciary income Subtract Line 11 from Line 5. Fill in if loss <input type="radio"/>	12 \$	00

Name [ ] FEIN [ ]



Table with 2 columns: Description (Tax and payments) and Amount. Rows 13-19 include Tax on fiduciary income, credit for taxes paid, net tax, withheld income tax, estimated payments, extension of time to file, amended return payments, and total payments.

Lines 20-23: Amount of overpayment, Amount owed, and Refund. Includes instructions for payment and refund options.

Refund Options: Mark one refund choice: Direct deposit or Paper check. Includes fields for Routing Number and Account Number.

Signature section: Declaration of paid preparer is based on the information available to the preparer. Includes fields for Signature of fiduciary, Date, Signature of paid preparer, Preparer's Tax Identification Number (PTIN), Preparer's address, City, State, and Zip Code.

Send your signed and completed original return to: Office of Tax and Revenue, PO Box 96153, Washington DC 20090-6153