

K-41V
(Rev. 4/15)

Kansas
FIDUCIARY PAYMENT
VOUCHER

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NAME OF ESTATE OR TRUST			
STREET ADDRESS OR RURAL ROUTE			
CITY	STATE	ZIP CODE	Name and/or Address change <input type="checkbox"/>
NAME OF TRUSTEE			

EIN OF TRUST

XXXX

Tax Year

Amended Return

Extension Payment

Payment Amount

\$

8100XX