FR-127F - Extension of Time to File a Fiduciary Income Tax Return

Round cents to nearest dollar. If amount is zero, leave line blank.

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Important: Leave lines blank that do not apply. Fill this out to determine the amount due.

1 Total estimated income tax liability for 2017

Revised 05/17

01	7 estimated tax payments.										2							Ш	
mc	ount due with this request.	If Line 1 is more than Line 2, subtract Line 2 from Line 1. Enter the amount here and on the voucher below.						ne 1.		3							Ш		
as	st send payment in full wit surer and attach it to the F ail the bottom portion of th	R-127F \	voucher	r. Write	the E	state F	EIN ar	nd "201	.7 FF	R-127F	on	your	payn	nent.	You	may n	ot pa	y by c	
ta	ch at perforation, mail vo	ucher an	d any p	aymen	nt due	to the	Office	of Tax	and I	Reveni	ле, F	O Box	961	!61, 	Wasi	hingto	on DC	200	90
	Government of the District of Columbia 2017 F	FR-127	Fidu	ciary	Inco	me T	ax R	eturn							3 1				
	Amount of payment		\$,			00					01	FLOIAI	LICE	ONLY	
E	(dollars only) Estate or trust's federal employer	ID number	Ψ	Tax per	iod endi	ending (MMYY)				00					OFFICIAL USE Vendor ID#0				
						,			To avoid penalties and interest, your payment postmarked no later than the due date of your										
ı	Estate or trust name								Þ	ostmai	кеа і	no rate	r tnai	i the	aue a	ate or	your	return.	
F	Fiduciary's name and title																		
F	Fiduciary's address (number, stree	et and suite/	/apartmer	nt numbe	er if appl	licable)													
C	City									State		Zip Co	ode +	4					
	Revised 05/17			2	2017 FR	-127F P1													
	Nevisca 65/17			E	Extension	of Time to	File Fid	uciary Inco	me Tax	Return									
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	Government of the District of Columbia	FR-127		tension ciary															
т	his is a FILL-IN format. Please do	o not handw		•					,		 7	 1 2			3 1				Ш
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	(dollars only)	15	\$	-			0.0			00						FICIAL /endor			
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ı	Estate or trust name								Þ	ostmai	кеа і	no rate	r tnai	i the	aue a	ate or	your	return.	
F	Fiduciary's name and title																		
	Fiduciary's address (number, stree	et and suite/	/apartmer	nt numbe	er if appl	licable)													
F																			
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	City									State		Zip Co	ode +	4					

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