





OFFICIAL USE ONLY Print in CAPITAL letters using black ink. Vendor ID#0002 **Information** *Fill in:* if amended return See instructions Fill in: if this is your final return Tax period ending (MMDDYYYY) 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 (MMDDYYYY) Complete if entity (MMDDYYYY) is a trust is an estate Date created Date of deceased's death (MMDDYYYY) (MMDDYYYY) If trust ended in 2021. If estate ended in 2021, enter date enter date Name of grantor Has a DC D-76 or D-76EZ estate tax return been filed? Yes Nο Address of grantor (number, street and suite/apartment number if applicable) If no, will one be filed? Yes No( City State Zip Code Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill oval. Income 00 Federal total income from federal Form 1041. Fill in if loss Additions to federal total income (a) Capital gains deferred on federal return due to investment in a federal 00 2a Qualified Opportunity Fund. (b) Other additions to federal total income from Calculation A, Line f, page 7 00 2b 3 Add Lines 1, 2a and 2b. Fill in if loss 3 00 Subtractions from federal total income (a) Capital gains deferred due to DC approved investment in a DC Qualified 00 Opportunity Fund. 4a (b) Other subtractions to federal total income from Calculation B, Line d, page 7 00 4b 5 Add Lines 4a and 4b. 5 00 6 Total DC fiduciary income Subtract Line 5 from Line 3. If zero or a loss, 00 Fill in if loss 6 stop here; do not fill in rest of form. **Deductions** 00 7 Interest from federal Form 1041. 00 8 Taxes Subtract the state, local and DC franchise tax entered on federal Form 1041

9

Deduction for distributions to beneficiaries from federal Form 1041.

D-41 PAGE 2		<b>   </b>
Name		
FEIN	2 1 0 4 1 0 1 2 0 0 0 2	
10 Other deductions Enter total of Lines 12,13,14, 15a, 15b and 19 from federal Form 1041	. 10 \$	.00
11 Trust deduction Enter \$100 for trusts. See page 9 for instructions.	11 \$	00
12 Total deductions Add Lines 7-11	12 \$	.00
13 Taxable fiduciary income Subtract Line 12 from Line 6. Fill in if loss	13 \$	00
Tax and payments		
14 Tax on fiduciary income. Use Calculation C/Tax Schedule to determine tax	14 \$	.00
15 Credit for taxes paid to other states Credit may not exceed amount on Line 14. See instructions, page 9. Attach copy of state return.	15 \$	.00
16 DC Low-Income Housing Tax Credit (see instructions).	16 \$	.00
17 Net tax on fiduciary income Line 14 minus Lines 15 and 16.	17 \$	.00
18a Income tax withheld	18a \$	00
18b 2021 estimated fiduciary income tax payments	18b \$	00
19 Payments made with extension of time to file from FR-127F calculation, Line 3	19 \$	.00
20 If this is an amended 2021 return, payments made with original 2021 D-41 return.	20 \$	.00
21 If this is an amended 2021 return, enter refunds requested with original 2021 D-41 return.	21 \$	.00
22 Total payments Add Lines 18a - 20, do not include Line 21.	22 \$	.00
23 Amount of overpayment \$ 100 26 Total A Due	ess than Line 17 subtract Line 22 from Line 17.	.00
OF D ( ) Last	eck or money order (US dollars) to the D-41P voucher or ayable to: DC Treasurer. Write the estate or trust's FEIN 1 D-41" on your payment.	2.7
Will this refund you requested go to an account outside the U.S.? Yes No	See instructions	
Refund Options:		
Mark one refund choice: Direct deposit or Paper check  Direct Deposit. To have your refund deposited to your checking or savings account, fill in ou	val and enter bank routing and account numbers. See instru	untions
Routing Number Account Number	val and enter bank routing and account numbers. See his it	ictions.
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter Designee's name	r the name and phone number of that person. See instruction Phone number	7S.
Signature Under penalties of law, I declare that I have examined this return and, to the best Declaration of paid preparer is based on the information available to the preparer	· · · · · · · · · · · · · · · · · · ·	
Signature of fiduciary or officer representing the fiduciary  Date		
Signature of paid preparer Preparer's Tax Ic	dentification Number (PTIN)	
Preparer's address (number and street) City	State Zip Code	
Email Address		
Send your signed and completed original Office of Tax and Revenue PO Box 96153 Washington DC 20090-6153	I return to:	