



DO NOT STAPLE

For the taxable year beginning ___/___/2010; ending ___/___/___

Empty rectangular box for additional information.

Filing Information section containing fields for Name of Estate or Trust, Name of Fiduciary, Mailing Address, City/Town/Post Office, State, Zip Code, Employer ID Number, Telephone Number, School District Number, and County Abbreviation.

Filing Information

Checkboxes for name/address change and amended return.

Filing Status (Mark ONE)

- Options for Filing Status: Estate, Trust, Bankruptcy Estate.

Residency Status (Mark ONE)

- Options for Residency Status: Resident, Nonresident.

Date Established

Date of decedent's death or date trust established: MONTH / DAY / YEAR

Income section with lines 1-3 and a table for amounts.

Tax Computation section with lines 4-7 and a table for amounts.

Credits section with lines 8-12 and a table for amounts.

Withholding and Payments section with lines 13-19 and a table for amounts.

Refund or Balance Due section with lines 20-24 and a table for amounts.

NOTE: If the "TOTAL" line in Part IV, Column E, is zero and line 23 is zero, DO NOT FILE this return. Both entries must be zero.



PART I - MODIFICATIONS TO FEDERAL TAXABLE INCOME

25. Additions to federal taxable income:	
a. State and local bond interest (Reduced by related expenses, enclose schedule)	25a .
b. State or local taxes measured by income deducted on the federal return	25b .
c. Administrative expenses claimed as deductions on Kansas estate tax return	25c .
d. Other additions (See instructions, enclose schedule)	25d .
e. Total additions to federal income (Add lines 25a through 25d)	25e .
26. Subtractions from federal taxable income:	
a. Interest on U.S. Government obligations (Reduced by related expenses, enclose schedule)	26a .
b. State income tax refunds reported as income on federal return	26b .
c. Exempt retirement benefits	26c .
d. Other subtractions from federal taxable income (See instructions, enclose schedule)	26d .
e. Total subtractions from federal taxable income (Add lines 26a through 26d)	26e .
27. Net modification to federal taxable income (Subtract line 26e from line 25e)	27 .

PART II - COMPUTATION OF SHARES OF THE MODIFICATION TO FEDERAL TAXABLE INCOME

NOTE: The Kansas fiduciary modification is to be allocated among the beneficiaries and the fiduciary in proportion to their share of the sum of the federal distributable net income and the amount distributed or required to be distributed from current income.

(A) Name and Address	(B) Social Security No.	(C) Percent of Distribution	(D) Share of fiduciary adjustment (line 27, Part I, multiplied by column C)
RESIDENT BENEFICIARIES			
(a)		%	
(b)		%	
(c)		%	
(d)		%	
NONRESIDENT BENEFICIARIES			
(e)		%	
(f)		%	
(g)		%	
(h)		%	
(i) Charitable beneficiaries' portion (i)		%	
Subtotal		%	
(j) Fiduciary's portion (j)		%	
Total		100%	

I authorize the Director of Taxation or the Director's designee to discuss my K-41 and enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

sign here _____ Signature of fiduciary _____ Title _____ Date _____
 _____ Signature of preparer other than fiduciary _____ Address/Telephone Number _____ Date _____

**FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS
WITH NONRESIDENT BENEFICIARIES**

PART III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM KANSAS SOURCES

(A) These items correspond to those listed on Federal Form 1041	(B) Total income as reported on Federal Form 1041	(C) Amount from Kansas sources	(D) Nonresident fiduciary's portion of Col. C & capital gains not distributed
28. Interest income			
29. Dividends			
30. Business income (loss)			
31. Capital gain (loss)			
32. Rents, royalties, partnerships, other estates and trusts, etc.			
33. Farm income (loss)			
34. Ordinary income (loss)			
35. Other income			
36. Total income (Add lines 28 through 35)			
37. Interest			
38. Taxes			
39. Fiduciary fees			
40. Charitable deduction			
41. Attorney, accountant, and return preparer fees			
42a. Other deductions not subject to the 2% floor			
42b. Allowable miscellaneous itemized deductions subject to the 2% floor			
43. Total (Add lines 37 through 42b)			
44. Subtract line 43 from line 36			
45. Distributions to beneficiaries			
46. Estate tax deduction (fiduciary)			
Estate tax deduction (beneficiary)			
47. Exemption (For Column D, see instructions)			
48. Total (Add lines 45 through 47)			
49. Taxable income (Subtract line 48 from line 44)			
50. Total percent of all nonresident beneficiaries - from Part II, lines (e), (f), (g) & (h)			
51. Total Kansas income of nonresident beneficiaries (Multiply line 49 by line 50)			

PART IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND TAX TO BE WITHHELD

(A) Name and Address	(B) Social Security Number	(C) Beneficiary's percentage	(D) Kansas taxable income	(E) Tax to be withheld (Multiply Col. D by 2.5%)
NONRESIDENT BENEFICIARIES				
(a)				
(b)				
(c)				
(d)				
TOTAL. Enter amount from column E on line 6				

TAX COMPUTATION SCHEDULE		
If amount on line 3 is:		Enter on line 4:
Over	But Not Over	
\$ 0	\$15,000	3.50% of line 3
\$15,000	\$30,000	\$ 525.00 plus 6.25% of excess over \$15,000
\$30,000		\$1,462.50 plus 6.45% of excess over \$30,000

TAX WITHHELD FOR NONRESIDENT BENEFICIARIES

Under Kansas law the executor, administrator, trustee or other fiduciary of an estate or trust is required to withhold 2.5% (.025) of the amount distributable to each nonresident beneficiary. The amount to be withheld from each nonresident beneficiary is shown in Part IV, column (E). For each nonresident beneficiary from whom tax is withheld, three copies of the "Fiduciary Report of Nonresident Beneficiary Tax Withheld," Form K-18, must be prepared. Copy the Form K-18 shown below, or download from our web site at www.ksrevenue.org.

Distribute copies of Form K-18 as follows:

- to the beneficiary from whom the tax is withheld to enclose with their Kansas Income Tax return.
- to the beneficiary for their records.
- to be retained by fiduciary.

K-18

**2010
FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD
KANSAS DEPARTMENT OF REVENUE**

ENDING DATE OF ESTATE OR TRUSTS TAX YEAR _____

			NAME OF ESTATE OR TRUST		
NONRESIDENT BENEFICIARY'S NAME		SOCIAL SECURITY NO.	NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:		
STREET ADDRESS OR RURAL ROUTE			Taxable income.....\$ _____		
CITY			Modifications as if Kansas resident.....\$ _____		
STATE			Amount of tax withheld.....\$ _____*		
ZIP CODE			*Beneficiary: enter this amount on the "Kansas Income Tax Withheld" line of your Kansas Individual Income Tax return, Form K-40.		