## FORM K-41ES INSTRUCTIONS

In the spaces provided print your name, address, federal Employer Identification Number (EIN) **or** Trust number, and the beginning and ending dates for the taxable year. If your name or address changed since last year, place "X" in the *Name or Address Change* box.

Mail your payment and voucher to:

KANSAS FIDUCIARY TAX KANSAS DEPARTMENT OF REVENUE PO BOX 3506 TOPEKA KS 66625-3506

To ensure the most efficient processing of your payments,

follow these steps when completing your vouchers:

- · Use only black ink to complete the vouchers.
- Use the correct voucher for the quarter in which you are remitting payment. Enter all required information, including the amount of your payment.
- Write your federal EIN or Trust number on your check or money order and make payable to Kansas Fiduciary Estimated Tax.

If you need assistance completing your vouchers, contact the Kansas Department of Revenue at 785-368-8222.

<b>K-41ES</b> (Rev. 7-19)	FOR OFFICE USE ONLY		2020 KANSAS FIDUCIARY ESTIMATED VOUCHER	
VOUCHER IS DUE BY THE 15TH DA	Y OF THE 4TH MONTH OF THE TAXA	BLE YEAR		
For the taxable year beginning	ending		Employer Identification Number	
Name of Estate or Trust				
Mailing Address (Number and Street, including Ru	ral Route)			
		Name or Address		
City	State Zip Code	Change	4	
Name of Trustee	Ph	one Number	_ <b>I</b>	
			Payment \$	
Make check or money order payable to: Kal DO NOT SUBMIT PHOTOCOPIES O			Amount Ψ	

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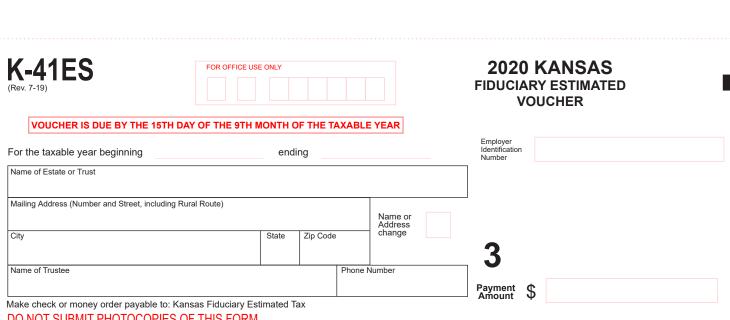
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20 KANSAS	
IARY ESTIMATED	
VOUCHER	

<b>VOUCHER IS DUE BY THE 15TH DAY OF THE 12TH MONTH OF THE TAXABLE YEAR</b>
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For the taxable year beginning	end	ling			Employer Identification Number		
Name of Estate or Trust							
Mailing Address (Number and Street, including Rural Rout	e)			Name or Address	J		
City	State	Zip Code	e	change	4		
Name of Trustee	<u> </u>		Phone	Number	Payment (		
Make check or money order payable to: Kansas Fi	•	Гах			Payment \$		

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## **2020 KANSAS FIDUCIARY ESTIMATED VOUCHER**

VOUCHER IS DUE BY THE 15TH DAY OF THE 6TH MONTH OF THE TAXABLE YEAR

or the taxable year beginning	end	ing		
Name of Estate or Trust				
Mailing Address (Number and Street, including Rural Route)				
City	State	Zip Code		Name or Address change
Name of Trustee			Phone N	umber
Name of Trusiee  Make check or money order payable to: Kansas Fiduciary			Phone iv	umper

Employer Identification Number

Payment Amount \$

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

