

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.

K-41ES

(Rev. 7-22)

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2023 KANSAS FIDUCIARY ESTIMATED VOUCHER



VOUCHER IS DUE BY THE 15TH DAY OF THE 4TH MONTH OF THE TAXABLE YEAR

For the taxable year beginning _____ ending _____

Employer
Identification
Number

Name of Estate or Trust			
Mailing Address (Number and Street, including Rural Route)			Name or Address Change <input type="checkbox"/>
City	State	Zip Code	
Name of Trustee			Phone Number

1

Payment
Amount

\$

Make check or money order payable to: Kansas Fiduciary Estimated Tax

DO NOT SUBMIT PHOTOCOPIES OF THIS FORM



816023

K-41ES

(Rev. 7-22)

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2023 KANSAS FIDUCIARY ESTIMATED VOUCHER

VOUCHER IS DUE BY THE 15TH DAY OF THE 12TH MONTH OF THE TAXABLE YEAR

For the taxable year beginning _____ ending _____

Name of Estate or Trust			
Mailing Address (Number and Street, including Rural Route)			
City	State	Zip Code	Name or Address change <input type="text"/>
Name of Trustee			Phone Number

Employer Identification Number

4

Payment Amount \$

Make check or money order payable to: Kansas Fiduciary Estimated Tax
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

816023

K-41ES

(Rev. 7-22)

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2023 KANSAS FIDUCIARY ESTIMATED VOUCHER

VOUCHER IS DUE BY THE 15TH DAY OF THE 9TH MONTH OF THE TAXABLE YEAR

For the taxable year beginning _____ ending _____

Name of Estate or Trust			
Mailing Address (Number and Street, including Rural Route)			
City	State	Zip Code	Name or Address change <input type="text"/>
Name of Trustee			Phone Number

Employer Identification Number

3

Payment Amount \$

Make check or money order payable to: Kansas Fiduciary Estimated Tax
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

816023

K-41ES

(Rev. 7-22)

FOR OFFICE USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2023 KANSAS FIDUCIARY ESTIMATED VOUCHER

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

For the taxable year beginning _____ ending _____

Name of Estate or Trust			
Mailing Address (Number and Street, including Rural Route)			
City	State	Zip Code	Name or Address change <input type="text"/>
Name of Trustee			Phone Number

Employer Identification Number

2

Payment Amount \$

Make check or money order payable to: Kansas Fiduciary Estimated Tax
DO NOT SUBMIT PHOTOCOPIES OF THIS FORM

816023