

**K-41V**  
(Rev. 7-21)

**2021 KANSAS  
FIDUCIARY PAYMENT  
VOUCHER**

FOR OFFICE USE ONLY

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

For the taxable year beginning \_\_\_\_\_ ending \_\_\_\_\_

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

EIN of Trust:

Amended Payment  Extension Payment

Payment \$

810021