

# 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. 7-23)

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"/>
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## 2024 KANSAS FIDUCIARY ESTIMATED VOUCHER

K-41ES  
8160



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

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

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	

Employer Identification Number

# 1

Payment Amount

\$

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

**DO NOT SUBMIT PHOTOCOPIES OF THIS FORM**



816024

# K-41ES

(Rev. 7-23)

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## 2024 KANSAS FIDUCIARY ESTIMATED VOUCHER

K-41ES  
8160



**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)			Name or Address Change <input type="checkbox"/>
City	State	Zip Code	
Name of Trustee			Phone Number

Employer Identification Number

\_\_\_\_\_

# 4

Payment Amount

\$

\_\_\_\_\_

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

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816024

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## 2024 KANSAS FIDUCIARY ESTIMATED VOUCHER

K-41ES  
8160



**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)			Name or Address Change <input type="checkbox"/>
City	State	Zip Code	
Name of Trustee			Phone Number

Employer Identification Number

\_\_\_\_\_

# 3

Payment Amount

\$

\_\_\_\_\_

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

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## 2024 KANSAS FIDUCIARY ESTIMATED VOUCHER

K-41ES  
8160



**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)			Name or Address Change <input type="checkbox"/>
City	State	Zip Code	
Name of Trustee			Phone Number

Employer Identification Number

\_\_\_\_\_

# 2

Payment Amount

\$

\_\_\_\_\_

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

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