

K-41V
(Rev. 7-19)

**2019 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"/>
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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 Amount \$

810019