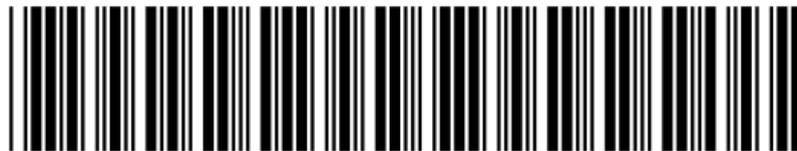




Government of the District of Columbia

**2014**

# D-41ES Estimated Payment for Fiduciary Income Tax



1 4 0 4 1 0 7 1 0 0 0 2

This is a FILL-IN format. Please **do not** **handwrite** any data on this form other than your signature.

Quarterly payment (dollars only)

\$

00

Estate or trust's federal employer ID number

Estate or trust's social security number

OFFICIAL USE ONLY  
Vendor ID#0002

Estate or trust name

Tax period ending (MMYY)

Fiduciary's name and title

Fiduciary's address (number, street and apartment/suite #, if applicable)

City

State

Zip Code + 4

Voucher number:

Due date: