# K-41

# 2024 KANSAS FIDUCIARY INCOME TAX

000



Rev. 9-24 Page 1 of 4

For the taxable year beginning

01012024

ing 12312024

234567890 7855551212

501 SN

X Name or address has changed?			X	Amended Return			
Filing Status:	Χ	Estate	Residency Status:	Χ	Resident	Date of Decedent's Death or D	ate Trust Established:
	Χ	Trust		Χ	NonResident		12312024
	Χ	Bankruptcy Estate					
1. Federal taxable	income	е	-10345678		14. Amount paid with Kar	nsas extension	143345678
	•	are of modifications to (Residents only)	-21345678		15. Refundable portion of	f credits	154345678
3. Kansas taxable	income	e (Line 1 + or - line 2.)	-32345678		16. Credit for tax paid on	the K-120S	165345678
4. Tax			432345678		17. <b>Amended Filers</b> : Pay original return	yments remitted with	176345678
5. Kansas tax on l	ump su	ım distributions	542345678		18. <b>Amended Filers</b> : Ove		187345678
6. Nonresident be	neficiar	y tax	652345678		19. Total refundable cred and subtract line 18)	lits (Add lines 12-17	-19345678
7. TOTAL KANSAS TAX (Add lines 4, 5 & 6)		762345678		20. UNDERPAYMENT (If than line 19)	f line 11 is greater	200345678	
Credit for taxes paid to other states		872345678		21. INTEREST		211345678	
9. Other nonrefun	dable c	redits	982345678		22. PENALTY		222345678
10.Total credits. (	Add line	es 8 and 9)	109345678		23. BALANCE DUE (Add	l lines 20, 21, and 22)	233345678
11. Balance (Subt			110345678		Write your EIN on your Kansas Fiducia	check/money order and make party. Ty Tax	ayable to:
12. Kansas incom	e tax w	ithheld	121345678		NOTE: If both the "TOTAL line in Part IV, Column E" and the "amount on line 23" are zero, DO NOT FILE this return.		
13. Kansas estima	ated tax	paid	132345678		24. <b>REFUND</b>		244345678

I authorize the Director of Taxation or the Director's designee to discuss my K-41 and any enclosures with my preparer.
 I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Fiduciary Signature Required)	Title	Date	
Preparer Signature Required)	Preparer Phone Number	Preparer PTIN, EIN or SSN	P03465080

K-41 2024 KANS	SAS FIDUCIARY I	NCOME TAX 000	K-41
Rev. 9-24 Page 1 of 4 For the taxable year beginning	01012024	nding 12312024	142024
NameXXXXXXXXXXXXXXXXXX			
FiduciaryTrusteeNameXX		234567890	7855551212
AddressXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		501	SN
CityXXXXXXXXXXXXXXX		992	
X Name or address has changed?		X Amended Return	
Filing Status: X Estate	Residency Status:	X Resident Date of Decedent's	Death or Date Trust Established:
X Trust		X NonResident	12312024
X Bankruptcy Estate			
1. Federal taxable income	-10345678	14. Amount paid with Kansas extension	143345678
Resident fiduciary's share of modifications to federal taxable income (Residents only)	-21345678	15. Refundable portion of credits	154345678
3. Kansas taxable income (Line 1 + or - line 2.)	-32345678	16. Credit for tax paid on the K-120S	165345678
4. Tax	432345678	17. Amended Filers: Payments remitted with original return	176345678
5. Kansas tax on lump sum distributions	542345678	18. Amended Filers: Overpayment from original return (Subtraction only)	187345678
6. Nonresident beneficiary tax	652345678	19. Total refundable credits (Add lines 12-17 and subtract line 18)	-19345678
7. TOTAL KANSAS TAX (Add lines 4, 5 & 6)	762345678	20. UNDERPAYMENT (If line 11 is greater than line 19)	200345678
8. Credit for taxes paid to other states	872345678	21. INTEREST	211345678
9. Other nonrefundable credits	982345678	22. PENALTY	222345678
10.Total credits. (Add lines 8 and 9)	109345678	23. BALANCE DUE (Add lines 20, 21, and 22)	233345678
11. Balance (Subtract line 10 from line 7; cannot be less than zero)	110345678	Write your EIN on your check/money order a Kansas Fiduciary Tax	and make payable to:
12. Kansas income tax withheld	121345678	NOTE: If both the "TOTAL line in Part IV, "amount on line 23" are zero, DO	
13. Kansas estimated tax paid	132345678	24. REFUND	244345678
X I authorize the Director of Taxation or the Dir	9	K-41 and any enclosures with my preparer.  I belief this is a true, correct, and complete return.	
	The state of the s		
Fiduciary Signature	Title	Date	
(Required)			
Preparer Signature	Preparer		
(Required)	Phone Number	Preparer PTIN, E	EIN or SSN P03465080
	PO E	CIARY TAX 90X 750260 K\$ 66699-0260 For Office Use	Only

PART I - MODIFICATIONS TO FEDERAL TAXABLE INCOME	000	<sub>K-41</sub> 回線回
Page 2 of 4		Page 2
25. Additions to federal taxable income:		142124
a. State and local bond interest (Reduced by related expenses, enclose schedule)		24191954
b. State or local taxes measured by income deducted on the federal return		25542322
c. Administrative expenses claimed as deductions on Kansas estate tax return		26542333
d. Business interest expense carryforward deduction (I.R.C. § 163(j))		28542333
e. Other additions (See instructions, enclose schedule)		29542344
f. Total additions to federal income (Add lines 25a through 25e)		30152355
26. Subtractions from federal taxable income:		21542266
a. Interest on U.S. Government obligations (Reduced by related expenses, enclose schedule)		31542366
b. State income tax refunds reported as income on federal return		32542377
c. Exempt retirement benefits		33542388
d. Global intangible low-taxed income (GILTI) (I.R.C. § 951A)		34542333
e. Disallowed business interest deduction (I.R.C. § 163(j))		35542333
f. Disallowed business meal expenses (I.R.C. § 274)		36542333
g. Other subtractions from federal taxable income (See instructions, enclose schedule)		37000000
h. Total subtractions from federal taxable income (Add lines 26a through 26g)		38542110
27. Net modification to federal taxable income (Subtract Line 26h from Line 25f)		39542110

## PART II - COMPUTATION OF SHARES OF THE MODIFICATION TO FEDERAL TAXABLE INCOME

NOTE: The Kansas fiduciary modification is to be allocated among the beneficiaries and the fiduciary in proportion to their share of the sum of the federal distributable net income and the amount distributed or required to be distributed from current income.

(A) Name and Address	(B) Social Security No.	(C) % of Distribution	(D) Share of fiduciary adjustment (Line 26, Part I, multiplied by column C)
RESIDENT BENEFICIARIES			
(a)	123456789	100	40542117
(b)	234567899	100	41542118
(c)	345678909	100	42542119
(d)	456789019	100	43542120
NONRESIDENT BENEFICIARIES			
<u>(e)</u>	523456789	100	44542117
<u>(f)</u>	634567899	100	45542118
(g)	745678909	100	46542119
(h)	856789019	100	47542120
(i) Charitable beneficiaries' portion	100	48542120	
Subtotal	100	49542120	
(j) Fiduciary's portion	100	50542120	
Total	100	51542120	



## PART III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM KANSAS SOURCES

Page 3 of 4					
(A) These items correspond to those listed on Federal Form 1041	(B) Total income as reported on Federal Form 1041	((C) Amount from Kansas sources	(D) Nonresident fiduciary's portion of Col. C & capital gains not distributed		
28. Interest income	24191954				
29. Dividends	25542322				
30. Business income (loss)	26542333	26542333	26542333		
31. Capital gain (loss)	27542344	27542344	27542344		
32. Rents, royalties, partnerships, other estates and trusts, etc	28152355	28152355	28152355		
33. Farm income (loss)	29542366	29542366	29542366		
34. Ordinary income (loss)	30542377	30542377	30542377		
35. Other income	31542388	31542388	31542388		
36. Total income (Add lines 28 through 35)	3200000	32000000	32000000		
37. Interest	33542110	33542110	33542110		
38. Taxes	24191954	24191954	24191954		
39. Fiduciary fees	25542322	25542322	25542322		
40. Charitable deduction	26542333	26542333	26542333		
41. Attorney, accountant, and return preparer fees	27542344	27542344	27542344		
42a. Other deductions not subject to the 2% floor	28152355	28152355	28152355		
42b. Allowable miscellaneous itemized deductions subject to the 2% floor	29542366	29542366	29542366		
43. Total (Add lines 37 through 42b)	30542377	30542377	30542377		
44. Subtract Line 43 from Line 36	31542388	31542388	31542388		
45. Distributions to beneficiaries	32000000				
46a. Estate tax deduction (fiduciary)	33542110	33542110	33542110		
46b. Estate tax deduction (beneficiary)		28152355			
47. Exemption (For Column D see instructions)	29542366		29542366		
48. Total (Add lines 45 through 47)	30542377	30542377	30542377		
49. Taxable income (Subtract Line 48 from Line 44)	31542388	31542388	31542388		
<b>50.</b> Total percent of all nonresident beneficiaries (From Part II, lines (e), (f), (g) & (h)		32000000			
51. Total Kansas income of nonresident beneficiaries (Multiply Line 49 by Line 50)		33542110			

### PART IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND TAX TO BE WITHHELD

(A) Name and Address	(B) Social Security No.	(C) Beneficiary' percentage	(D) Kansas taxable income	(E) Tax to be withheld (Multiply Col. D by 2.5%)
NONRESIDENT BENEFICIARIES				
(a)	123456789	100	40542117	40542117
(b)	234567899	100	40542117	40542117
(c)	345678909	100	43542120	43542120
(d)	456789019	100	43542120	43542120
TOTAL. Enter amount from Col. E on Line 6		100	43542120	43542120

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#### FIDUCIARY REPORT OF NONRESIDENT BENEFICIARY TAX WITHHELD KANSAS DEPARTMENT OF REVENUE



NONRESIDENT BENEFICIARY'S NAME	SOCIAL SECURITY NO.	NAME OF ESTATE OR TRUST EIN OF TRUST
		234567890
STREET ADDRESS OR RURAL ROUTE		NONRESIDENT BENEFICIARY'S SHARE OF DISTRIBUTABLE INCOME FROM KANSAS SOURCES:
CITY	STATE ZIP CODE	Taxable income       \$       40542117         Modifications as if Kansas resident       \$       43542120         Amount of tax withheld       \$       43542120
		*Beneficiary: Enter this amount on the "Kansas Income Tax Withheld" line of your Kansas Individual Income Tax return, K-40.

#### TAX COMPUTATION SCHEDULE

If amount on line 3, Form K-41 is:

But not over Enter on line 4, Form K-41: Over \$ 0.00 \$23,000...... 5.2% of line 3

\$23,000 ......\$1,196 plus 5.58% of excess over \$23,000

### TAX WITHHELD FOR NONRESIDENT BENEFICIARIES

Under Kansas law the executor, administrator, trustee or other fiduciary of an estate or trust is required to withhold 2.5% (.025) of the amount distributable to each nonresident beneficiary. The amount to be withheld from each nonresident beneficiary is shown in Part IV, column (E). For each nonresident beneficiary from whom tax is withheld, three copies of form "K-18 Fiduciary Report of Nonresident Beneficiary Tax Withheld," must be prepared. Copy the form K-18 shown above.

Distribute copies of Form K-18 as follows:

- -to the beneficiary from whom the tax is withheld to enclose with their Kansas Income Tax return.
- -to the beneficiary for their records.
- -to be retained by fiduciary.