

Type the trust name, address, EIN, trustee name, phone number and contact persons name in the spaces provided.

If trust name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "X".

If you are paying for an amended return, mark the appropriate box with "X".

If you are filing an extension of time to file your return, mark the appropriate box with "X". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your EIN on your check or money order, and ensure it contains a valid telephone number.

DO NOT send cash. If payment is not made on or before **April 15, 2020**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS FIDUCIARY INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-41V
Rev. 7-19

Kansas
2019 FIDUCIARY PAYMENT
VOUCHER

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01012019

12312019

073456789

NAMEOFTRUSTXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234SWANYSTREETXXXXXXXXXXXXXXXXXXXXXXXX
TESTTOPEKAXXXXXXXXXXX KS 66612-1588
NAMEOFTRUSTEEXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name and/or
Address change

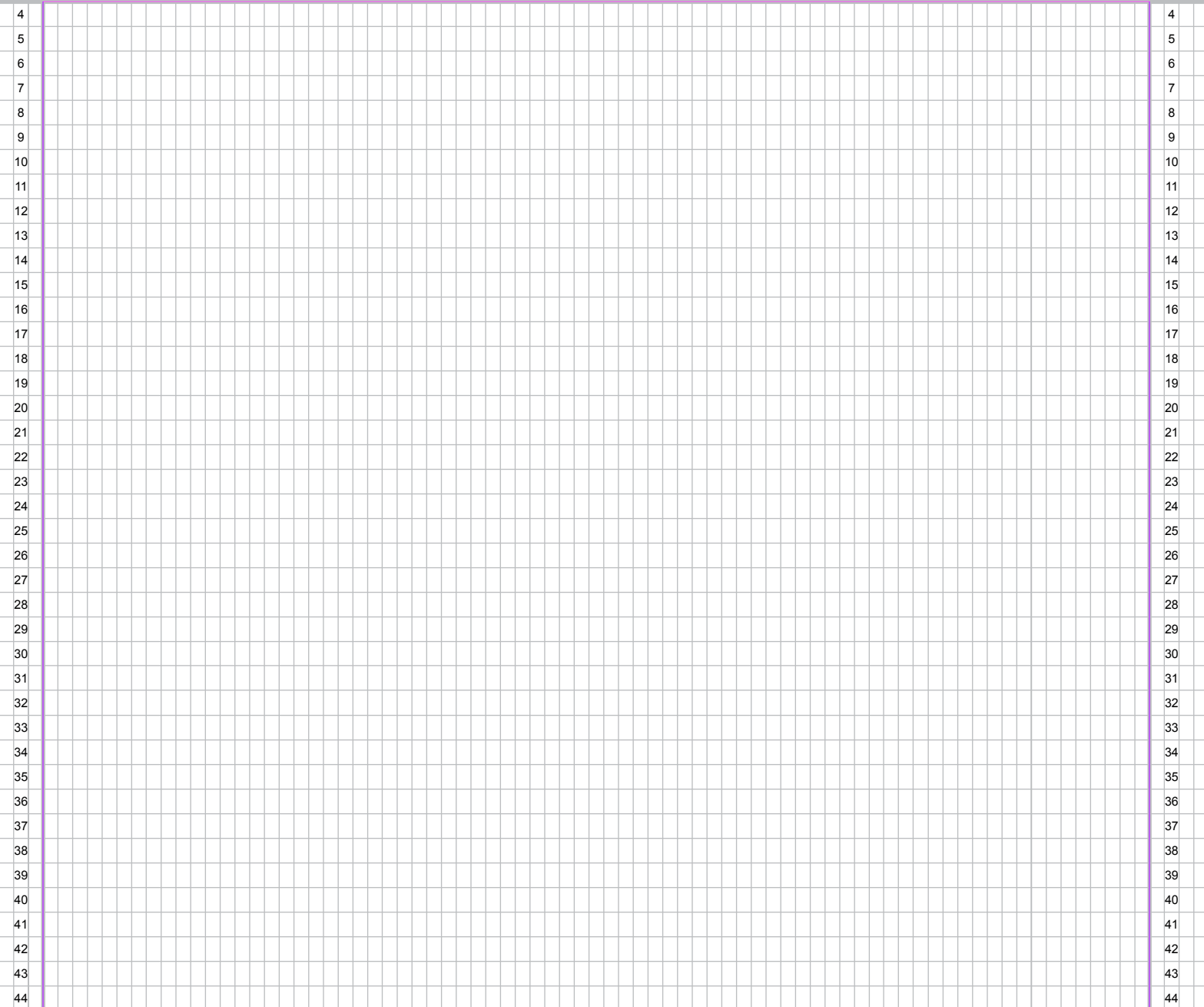
X

Amended Payment X

Extension Payment X

Payment Amount \$ 999999951.00

811519073456789073456789010119123119



K-41V

Rev. 7-19

Kansas
2019 FIDUCIARY PAYMENT
VOUCHER

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01012019

12312019

073456789

NAMEOFTRUSTXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1234SWANYSTREETXXXXXXXXXXXXXXXXXXXXXXXX
TESTTOPEKAXXXXXXXXXXXXX KS 66612-1588
NAMEOFTRUSTEEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXXX

Name and/or
Address change

Amended Payment

Extension Payment

Payment Amount \$ 999999951.00

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