

Enter 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 check the field for "Name or Address Change" with a single "X".

If you are paying for an amended return, check the field with a single "X".

If you are filing an extension of time to file your return, check the field with a single "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 Fiduciary Tax" for the full amount of your tax due. Write the 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 18, 2023**, 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. 7-22

**KANSAS  
2022 FIDUCIARY  
PAYMENT VOUCHER**

000



01012022

12312022

073456789

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX  
ESTATEORTRUSTEEADDRESSXXXXXXXXXXXXXXXX  
ESTATEORTRUSTEEADDRESS2XXXXXXXXXXXXXXXX  
CityXXXXXXXXXXXXXXXXXXXX ST XXXXX-XXXX  
Daytime Phone Number: 7855551212  
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXX

Name and / or  
Address change

X

Amended Payment X

Extension Payment X

Payment Amount \$ 999999951.00

811522073456789073456789010122123122

**K-41V**  
Rev. 7-22

**KANSAS  
2022 FIDUCIARY  
PAYMENT VOUCHER**



000



01012022

12312022

073456789

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX  
ESTATEORTRUSTEEADDRESSXXXXXXXXXXXXXXXXXX  
ESTATEORTRUSTEEADDRESS2XXXXXXXXXXXXXXXXXX  
CityXXXXXXXXXXXXXXXXXXXX ST XXXXX-XXXX  
Daytime Phone Number: 7855551212  
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXXX

Name and/or  
Address change

X

Amended Payment X

Extension Payment X

Payment Amount \$ 999999951.00

811522073456789073456789010122123122



1/2" from bottom of page to bottom edge of scanline