

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, 2022**, 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**

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01012022

12312022

073456789

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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**



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01012022

12312022

073456789

NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIDUCIARYTRUSTEENAMEXXXXXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXX ST XXXXX-XXXX
Daytime Phone Number: 7855551212
CONTACTPERSONNAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name and/or
Address change

X

Amended
Payment X

Extension
Payment X

Payment
Amount \$ 99999951.00

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