

**K-41V**

(Rev. 7-22)

**2022 KANSAS  
FIDUCIARY PAYMENT  
VOUCHER**

FOR OFFICE USE ONLY

For the taxable year beginning \_\_\_\_\_ ending \_\_\_\_\_

Name of Estate or Trust			
Mailing Address (Number and Street, including Rural Route)			
City	State	Zip Code	Name and/or Address change <input type="checkbox"/>
Name of Trustee			

EIN of Trust:

Amended Payment

Extension Payment

Payment Amount \$

810022