DELAWARE DECLARATION OF ESTIMATED FORM 400-EX FIDUCIARY INCOME TAX					DO NOT WRITE OR STAPLE IN THIS AREA		
	TALLMENT DOE.	A 100, 1					REV CODE 0007-25
FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX							2019
						AMOUNT OF THIS I	NSTALLMENT:
TRUST NUMBER:			AR END DATE ar Filers Only):		<u>YY</u> \$	6	
NAME OF TRUST OR ESTATE:						EASE WRITE THE TRUST ND 2019 FORM 400-ES O MONEY ORI	N YOUR CHECK OR
TITLE OF FIDUCIARY:					P.	MAKE CHECK PAYABL DELAWARE DIVISION O. BOX 2044, WILMINGT	OF REVENUE
P.O. BOX OR STREET ADDRESS:							
CITY		STATE	ZIP CODE	-			
I REQUEST AN AUTOMATIC TO OCTOBER 15, 2020 (OR I TO MM DD YY FOR		MM	FORM 400 DD YY DD YY	SIGNATURE C	OF FIDUCIARY OFFICEF	DF65116019 R OR REPRESENTATIVE	999 DATE

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