DELAWARE
FORM 400-EX

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

DO NOT WRITE OR STAPLE IN THIS AREA

Reset | Print Form

REV CODE 0007-25

2020

5E **RETURN WITH INSTALLMENT DUE:** **APR 30, 2021**

FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

FISCAL YEAR END DATE
(Fiscal Year Filers Only): MM DD YY

AMOUNT OF THIS INSTALLMENT:

$ 00

NAME OF TRUST OR ESTATE:

NAME OF FIDUCIARY:

TITLE OF FIDUCIARY:

PLEASE WRITE THE TRUST'S OR ESTATE'S EIN AND FORM 400-ES ON YOUR CHECK OR MONEY ORDER.

MAKE CHECK PAYABLE AND MAIL TO:
DELAWARE DIVISION OF REVENUE
P.O. BOX 2044, WILMINGTON, DE 19899-2044

P.O. BOX OR STREET ADDRESS:

CITY STATE ZIP CODE -

DF65116019999

I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400 TO OCTOBER 15, 2021 (OR FISCAL YEAR, FROM MM DD YY **TO** MM DD YY **FOR THE TAX YEAR ENDING:** MM DD YY

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE DATE