

**2020**

**DELAWARE DIVISION OF REVENUE  
Electronic Filer Payment Voucher  
Fiduciary Form 400-V**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number <input type="text"/>		2. Fiscal Year End MM DD <b>2020</b>		3. Amount of the payment you are making \$ <input type="text"/>
4. Preparer's Business Phone Number <input type="text"/>		5. Name(s) Address City State Zip Code		

(Rev 04/2020)



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**DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT**