DELAWARE
FORM 400-ES

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

Reset | Print Form

REV CODE 0004-015

2021

1E **RETURN WITH INSTALLMENT DUE:** 04/30/2021

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

NAME OF TRUST OR ESTATE:

NAME OF FIDUCIARY:

TITLE OF FIDUCIARY:

P.O. BOX OR STREET ADDRESS:

CITY STATE ZIP CODE -

AMOUNT OF THIS INSTALLMENT:

$ 00

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

DF65019019999

(Revised 12/2020)

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