

**DELAWARE
FORM 400-EX**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS AREA

5E RETURN WITH INSTALLMENT DUE: **APRIL 30, 2024**

REV CODE 0007-25

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

2023

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

FISCAL YEAR END DATE
(Fiscal Year Filers Only):

AMOUNT OF THIS INSTALLMENT:

\$

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 -



DF65119019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2024 (OR FISCAL YEAR, FROM
TO FOR THE TAX YEAR ENDING:**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____