## DELAWARE FORM 400-ES

(Revised 04/2022)

RETURN WITH INSTALLMENT DUE:

## DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

					REV CODE 0004-015
FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX				2023	
EMPLOYER IDENTIFICATION NUM	MBER:				
				AMOUNT OF	THIS INSTALLMENT:
TRUST NUMBER:		FISCAL YEAR END DATE (Fiscal Year Filers Only):		\$	
NAME OF TRUST OR ESTATE:				AND FORM 400-E	TRUST'S OR ESTATE'S EIN S" ON YOUR CHECK OR IEY ORDER.
NAME OF FIDUCIARY: TITLE OF FIDUCIARY:				MAKE CHECK F DELAWARE D	PAYABLE AND MAIL TO: IVISION OF REVENUE MINGTON, DE 19899-2044
P.O. BOX OR STREET ADDRESS:					
CITY		STATE ZIP COE	DE -	DF65	5019019999

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