



DELAWARE 2025
 DIVISION OF REVENUE F O R M FID-EST
 DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX



Taxpayer ID

Tax Year **2025** Quarter Due By

Fiscal Year End

Name of Trust or Estate


Name of Fiduciary

Title of Fiduciary

Street Address

City State Zip Code

1.	AMOUNT OF THIS INSTALLMENT	\$.00
2.	AMOUNT OF THIS INSTALLMENT PAYMENT	\$.00

MAIL COMPLETED FORM WITH
 REMITTANCE PAYABLE TO: 
 Delaware Division of Revenue
 PO Box 2044
 Wilmington, DE 19899-2044

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

