





## APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE DELAWARE FIDUCIARY INCOME TAX RETURN

Taxpayer ID			Fisca	Tax Year	2024		Mu	ist be Filed by	April 30, 2025
Name of Trust or Estate									
Name of Fiduciary			1.	1. AMOUNT OF THIS INSTALLMENT			\$		.00
Title of Fiduciary			2.	2. AMOUNT OF THIS INSTALLMENT PAYMENT					.00
Street Address			]						
City	State	Zip Code	-			ension of time to file		AX to <b>October</b> '	15, 2025,
				-	cal Year, from x Year ending		to		
BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORD 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 based on all information of which the preparer has any knowledge.									
SIGNATURE OF FIDUCIARY OFFICER OR R	EPRESENTATI	VE							
TITLE OF OFFICER									
& PHONE NUMBER									
@ EMAIL ADDRESS									

## DO NOT CUT THIS PAGE

