



DELAWARE 2025
 DIVISION OF REVENUE F O R M FID-VCH
 ELECTRONIC FILER FIDUCIARY PAYMENT VOUCHER




Taxpayer ID Fiscal Year End (MM-DD-YYYY) Amount of the Payment \$.00

Preparer's Business Phone Number

Estate or Trust Name
 Street Address
 City State Zip Code

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.

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

 SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

