



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



Taxpayer ID

1						
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Fiscal Year End (MM-DD-YYYY)

2	
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Amount of the Payment

3	\$.00
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Preparer's Business Phone Number

4	
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Estate or Trust Name

5	
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Street Address

5	
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City

5		State	Zip Code
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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

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PHONE NUMBER

--

EMAIL ADDRESS

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DO NOT CUT THIS PAGE

