




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



1	Taxpayer ID	2	Fiscal Year End (MM-DD-YYYY)	3	Amount of the Payment
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/> .00
4	Preparer's Business Phone Number				
	<input type="text"/>				
5	Estate or Trust Name				
	<input type="text"/>				
	Street Address				
	<input type="text"/>				
	City	State	Zip Code		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**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
<input type="text"/>	
TITLE OF OFFICER	
<input type="text"/>	
PHONE NUMBER	
<input type="text"/>	
@ EMAIL ADDRESS	
<input type="text"/>	

DO NOT CUT THIS PAGE

