DELAWARE FORM 400-ES

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

3E DETURNI MITH INICTALI MENT DIIE.

RETURN WITH	INSTALLMENT DUE:	SEPT 15, 2011				DEV.C	NDE 0004 04
PLEASE WRITE THE TRUST EMPLOYER IDENTIFICATION NUMB		"2011 FORM 400-ES" O	1		IONEY ORDER FER FISCAL YEAR EN		DDE 0004-01
EMPLOTER IDENTIFICATION NOME	EN.		FISCAL	TEAR FILERS (EIN	IER FISCAL TEAR EN	DING DATE).	2011
NAME OF TRUST OR ESTATE:					TR	RUST NUMBER:	•
NAME AND TITLE OF FIDUCIARY:							
ADDRESS (NUMBER AND STREET (DR P.O. BOX):						
CITY, STATE, AND ZIP CODE:							
CITT, STATE, AND ZIF CODE.							
FILE ONLY IF YOU ARE MA	KING A PAYMENT OF ES	TIMATED TAX			AMOUNT OF TH	HIS INSTALLME	NT:
MAKE CHECK PAYABLE	& MAIL TO: DELAWARE I P.O. BOX 204	14, WILMINGTON, DELA		9899-2044			
		DETACH HER	<u>E</u>	T	DO NOT WRITE	OR STAPLE IN THS /	DEA
FORM 400-ES	DECLARATION O FIDUCIARY INC				DO NOT WRITE	OK STAFEE IN 11167	WLA
2E RETURN WITH	INSTALLMENT DUE:	JUNE 15, 2011				251101	
PLEASE WRITE THE TRUST EMPLOYER IDENTIFICATION NUMB		"2011 FORM 400-ES" O			IONEY ORDER FER FISCAL YEAR EN		DDE 0004-01
EMI EO FER IDENTIFICATION NOME	-10.		1.1007.12	,		5	2011
NAME OF TRUST OR ESTATE:			•		TR	RUST NUMBER:	
NAME AND TITLE OF FIDUCIARY:							
ADDRESS (NUMBER AND STREET O	DR P.O. BOX):						
CITY, STATE, AND ZIP CODE:							
FILE ONLY IF YOU ARE MA	KING A PAYMENT OF ES	TIMATED TAX			AMOUNT OF TH	HIS INSTALLME	NT:
MAKE CHECK PAYABLE	& MAIL TO: DELAWARE I P.O. BOX 204	14, WILMINGTON, DELAY		9899-2044			
DELAWARE		DETACH HER	<u> </u>			OR STAPLE IN THS	
FORM 400-ES	DECLARATION O FIDUCIARY INC INSTALLMENT DUE:						
PLEASE WRITE THE TRUST			N YOUR	CHECK OR M	IONEY ORDER	REV CO	DDE 0004-01
EMPLOYER IDENTIFICATION NUMB	ER:		FISCAL	YEAR FILERS (EN	TER FISCAL YEAR EN	DING DATE):	2011
NAME OF TRUST OR ESTATE:					TR	RUST NUMBER:	
NAME AND TITLE OF FIDUCIARY:							
ADDRESS (NUMBER AND STREET (DR P.O. BOX):						
CITY, STATE, AND ZIP CODE:							
FILE ONLY IF YOU ARE MA	KING A PAYMENT OF ES	TIMATED TAX			AMOUNT OF TH	HIS INSTALLME	NT:
					\$		

FIDUCIARY'S 2011 RECORD OF PAYMENTS

SCHEDULED PAYMENT DATE AMOUNT PAID			PAID DATE		CHECK NUMBER	
FIRST PAYMENT (MAY 2, 2011)	\$					
SECOND PAYMENT (JUNE 15, 2011)	\$					
THIRD PAYMENT (SEPT 15, 2011)	\$					
FINAL PAYMENT (JAN 17, 2012)	\$					
TOTAL PAID	\$					
		RETAIN THIS PORTION FO	OR YOUR RECORDS			
		DETACH	HERE			
DELAWARE DECLARATIO FORM 400-EX FIDUCIARY				DO N	OT WRITE OR STAPLE IN THIS AREA	
5E RETURN WITH INSTALLMENT DUE: April 30, 2012						
PLEASE WRITE THE TRUST'S OR ESTATE'S EIN AND "2011 FORM 400-ES" ON YOUR CHECK OR MONEY ORDER REV CODE 0007-25						
EMPLOYER IDENTIFICATION NUMBER:			FISCAL YEAR FILERS (ENT	TER FISCAL YEAR I	ENDING DATE):	2011
NAME OF TRUST OR ESTATE: TRUST NUMBER:						
NAME AND TITLE OF FIDUCIARY:						
ADDRESS (NUMBER AND STREET OR P.O. BOX):						
CITY, STATE, AND ZIP CODE:				AMOUNT OF \$	THIS INSTALLMEN	IT:
I REQUEST AN AUTOMATIC EXTENSION OF	TIME TO OCTO	DBER 15, 2012 TO FILE DELAW	VARE FORM 400 (OR IF A F	ISCAL YEAR FRO	ОМ	то
FOR THE TAX YEAR ENDING Month SIGNATURE OF FIDUCIARY OR OFFICER	Day REPRESENTI		DATE			
MAKE CHECK PAYABLE & MAIL TO	: DELAWAI	RE DIVISION OF REVENUE	, P.O. BOX 2044, WILMI	NGTON, DELA	WARE 19899-204	4
DELAWARE FORM 400-ES		ECLARATION OF I	DO NOT WRITE OR STAPLE IN THIS AREA			
4E RETURN WITH INSTALLMEN	T DUE:	JAN 17, 2012				
PLEASE WRITE THE TRUST'S OR ESTAT	TE'S EIN AND	D "2011 FORM 400-ES" ON				DE 0004-01
EMPLOYER IDENTIFICATION NUMBER:			FISCAL YEAR FILERS (ENT	FER FISCAL YEAR	ENDING DATE):	2011
NAME OF TRUST OR ESTATE:				1	RUST NUMBER:	
NAME AND TITLE OF FIDUCIARY:						
ADDRESS (NUMBER AND STREET OR P.O. BOX):						
CITY, STATE, AND ZIP CODE:						

MAKE CHECK PAYABLE & MAIL TO: DELAWARE DIVISION OF REVENUE P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX



AMOUNT OF THIS INSTALLMENT:

2011

FIDUCIARY ESTIMATED INCOME TAX INSTRUCTIONS

WHO MUST MAKE A DECLARATION:

If the fair market value of the assets of a resident or non-resident trust, for any given taxable year, equals or exceeds \$1 million, the trust is required to file estimated tax declarations for the subsequent taxable year.

WHEN AND WHERE TO FILE DECLARATION:

Your Declaration and payment of Estimated Tax shall be filed or paid on or before May 2nd, or on such later dates as are specified in the instructions below. Payments should be filed with the Division of Revenue at P.O. Box 2044, Wilmington, Delaware 19899-2044.

FISCAL YEAR:

If you file your income tax returns on a fiscal year basis, your dates for filing the Declaration and payment of the Estimated Tax will be the 30th day of the fourth month and the 15th day of the sixth and ninth months of your current fiscal year and the 15th day of the first month of the next fiscal year.

CHANGES IN INCOME OR DEDUCTION(S):

A. Even though your situation on May 2nd is such that you are not required to file a Declaration at that time, your expected income or deduction(s) may change so that you will be required to file a Declaration later. In such case, the time for filing is as follows: June 15th if the change occurs after April 1st and before June 2nd; September 15th if the change occurs after June 1st and before September 2nd; January 17th of the following year if the change occurs after September 1st. The Estimated Tax may be paid in full at the time of filing the Declaration or in equal installments on the remaining payment dates.

B. After you have filed a Declaration, if changes in income or deduction(s) cause a substantial increase or decrease in Estimated Tax,

you should enter the adjusted amount in the space provided on each remaining Form 400-ES and forward on required due dates.

PAYMENT OF ESTIMATED TAX:

Your Estimated Tax may be paid in full with the Declaration, or in equal installments on or before May 2nd, June 15th, September 15th, and January 17th of the following year. The last installment must be mailed no later than January 17th of the following year. Check or money order should be made payable to Delaware Division of Revenue. Please remove any stub from your check. Write your Employer Identification Number and tax period you are reporting on the check or money order. **DO NOT STAPLE** your payment to the return.

PENALTY FOR FAILURE TO PAY ESTIMATED INCOME TAX:

The following penalty is imposed by law for underpayment of any installment of Estimated Tax: A penalty of 1 1/2% per month, or fraction thereof, on the underpayment during the period of the underpayment except in certain situations. The penalty does not apply if each installment is paid on time and (a) is at least 90% of the amount due on the income tax return for the taxable year, or (b) is based on a tax computed by using your taxable income for last year and this year's tax rate.

MISPLACED OR DAMAGED FORMS:

If you misplace or damage this booklet, please contact the Public Service Bureau at (302) 577-8200 for a replacement. If you do not have a replacement booklet by the time an Estimated Tax payment is due, then submit the payment with all pertinent information (Federal Employer Identification, type of tax, tax period, and phone number). Estimated taxes due must be filed on a timely basis.

TAX COMPUTATION SCHEDULE

1.	ENTER AMOUNT OF TOTAL GROSS INCOME EXPECTED FOR THE YEAR	\$
2.	LESS: PENSION AND 60 AND OVER EXCLUSIONS, U.S. OBLIGATIONS INTEREST	\$
3.	ESTIMATED TAXABLE INCOME (SUBTRACT LINE 2 FROM LINE 1)	\$
4	ESTIMATED TAX (LISE TAX COMPLITATION TABLE BELOW TO MAKE THIS COMPLITATION)	\$

TAX COMPUTATION TABLE

IF ESTIMATED TAXABLE INCOME ON LINE 3 IS:			
AT LEA	ST	BUT NOT OVER	YOUR TAX IS:
\$	0.	\$ 2,000.	 \$ 0.
2	,000.	5,000.	2.2% OF AMOUNT OVER \$2,000.
5	,000.	10,000.	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10	,000.	20,000.	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20	,000.	25,000.	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25	,000.	60,000.	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER			\$2,943.50 + 6.95% OF AMOUNT OVER \$60,000.