

DELAWARE FIDUCIARY INCOME TAX RETURN

FISCAL YEAR MM|DD|YY To MM|DD|YY



CHECK APPLICABLE BOX: [] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE, TRUST NUMBER, NAME AND TITLE OF FIDUCIARY, ADDRESS OF FIDUCIARY (NUMBER AND STREET), CITY, STATE, ZIP CODE

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE): RESIDENT ESTATE, NON-RESIDENT ESTATE, RESIDENT TRUST, NON-RESIDENT TRUST

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 19 rows for tax calculations: 1. FEDERAL TAXABLE INCOME OF FIDUCIARY, 2. INCOME OF ELECTING SMALL BUSINESS TRUSTS, 3. NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS, 4. COMBINE LINES 1, 2 AND 3, 5. FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS, 6. INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES, 7. DELAWARE TAXABLE INCOME, 8. DELAWARE TAX, 9. TAX ON LUMP SUM DISTRIBUTIONS, 10. TOTAL TAX, 11. NON-REFUNDABLE CREDITS, 12. BALANCE, 13. ESTIMATED TAX PAID, 14. OTHER PAYMENTS, 15. TOTAL REFUNDABLE CREDITS, 16. PREVIOUS REFUNDS, 17. NET REFUNDABLE CREDITS, 18. PAY IN FULL, 19. REFUND.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY, DATE, PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER, DATE, PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER, CITY, STATE, ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....		1.
2. OTHER ADJUSTMENTS.....		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....		3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....		4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS.....		5.
6. OTHER ADJUSTMENTS.....		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6).....		7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6.....		8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS	
1.		\$		\$	1.
2.					2.
3.					3.
4.					4.
5.					5.
6. TOTAL.....		\$	100%	\$	6.

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....							\$

TAX RATE SCHEDULE



IF INCOME ON LINE 7 IS:		YOUR TAX IS:	
AT LEAST	BUT NOT OVER		
\$ 0.	\$ 2,000.	\$ 0.	
2,000.	5,000.	2.20% 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 + 6.75% OF AMOUNT OVER \$60,000.	