DELAWARE
FORM 400

Tax Year
2017

DELAWARE FIDUCIARY INCOME TAX RETURN

DF20617019999

Fiscal Year To

CHECK APPLICABLE BOX: INITIAL RETURN AMENDED RETURN

NAME OF TRUST OR ESTATE

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):

TRUST NUMBER

RESIDENT ESTATE

NAME AND TITLE OF FIDUCIARY

NON-RESIDENT ESTATE

ADDRESS OF FIDUCIARY (NUMBER AND STREET)

RESIDENT TRUST

CITY STATE ZIP CODE

NON-RESIDENT TRUST

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

1.	FEDERAL TAXABLE INCOME OF FIDUCIARY(FORM 1041, LINE 22)		1.
2.	INCOME OF ELECTING SMALL BUSINESS TRUSTS		2.
3.	NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS (ATTACH SEPARATE SCH. A)		3.
4.	COMBINE LINES 1, 2 AND 3		4.
5.	FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM SCHEDULE B, COLUMN B, LINE 1)		5.
6.	INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (SCHEDULE C)		6.
7.	DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6)		7.
8.	DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2)		8.
9.	TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACHED)	9.	
10.	TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE		10.
11.	NON-REFUNDABLE CREDITS		11.
12.	BALANCE (SUBTRACT LINE 11 FROM LINE 10) (CANNOT BE LESS THAN ZERO)		12.
13.	ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS	13.	
14.	OTHER PAYMENTS (INCLUDE REAL ESTATE ESTIMATED TAXES ON THIS LINE).	14.	
15.	TOTAL CREDITS (ADD LINES 13 AND 14)		15.
16.	PREVIOUS REFUNDS	16.	
17.	NET REFUNDABLE CREDITS (SUBTRACT LINE 16 FROM LINE 15)		17.
18.	IF LINE 12 IS MORE THAN LINE 17, SUBTRACT LINE 17 FROM LINE 12 ....PAY IN FULL>		18.
19.	IF LINE 17 IS MORE THAN LINE 12, SUBTRACT LINE 12 FROM LINE 17 (No Carryover Permitted) ....REFUND>		19.

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. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

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

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

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.			$		$
2.					
3.					
4.					
5.					
6. TOTAL			$	100%	$

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

DF20617029999

IF INCOME ON LINE 7 IS: AT LEAST	BUT NOT OVER	YOUR TAX IS:
$ 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 + 6.60% OF AMOUNT OVER $60,000.