

**DELAWARE
FORM 400-EX**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS AREA

5E

RETURN WITH INSTALLMENT DUE:

APR 30, 2021

REV CODE 0007-25

FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

2020

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

FISCAL YEAR END DATE
(Fiscal Year Filers Only):

AMOUNT OF THIS INSTALLMENT:

\$ **00**

PLEASE WRITE THE TRUST'S OR ESTATE'S EIN
AND FORM 400-ES ON YOUR CHECK OR
MONEY ORDER.

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

NAME OF TRUST OR ESTATE:

NAME OF FIDUCIARY:

TITLE OF FIDUCIARY:

P.O. BOX OR STREET ADDRESS:

CITY

STATE

ZIP CODE



DF65119019999

I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400

TO OCTOBER 15, 2021 (OR FISCAL YEAR, FROM

TO FOR THE TAX YEAR ENDING:

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE DATE

Preparer Information:

ID Number:

Name:

Date Signed

Address:

Phone: