



**DELAWARE** 2023  
 DIVISION OF REVENUE F O R M FID-VCH  
 ELECTRONIC FILER FIDUCIARY PAYMENT VOUCHER  
 FORMERLY 400V



Taxpayer ID  Fiscal Year End (MM-DD-YYYY)  Amount of the Payment  \$  .00


Preparer's Business Phone Number

Estate or Trust Name

Street Address

City  State  Zip Code

**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 \_\_\_\_\_

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

