



**DELAWARE** 2024  
 DIVISION OF REVENUE F O R M  
 FID-EST  
**DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX  
 FORMERLY 400-ES**



Taxpayer ID

[Taxpayer ID input field]

Tax Year **2024**

Quarter [ ]

Due By [ ]

Fiscal Year End [ ]

Name of Trust or Estate

Name of Fiduciary

Title of Fiduciary

Street Address

City State Zip Code

1. AMOUNT OF THIS INSTALLMENT

.00

2. AMOUNT OF THIS INSTALLMENT PAYMENT

.00

**MAIL COMPLETED FORM WITH  
 REMITTANCE PAYABLE TO:**  
 Delaware Division of Revenue  
 PO Box 2044  
 Wilmington, DE 19899-2044

**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.

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE

DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

