

DELAWARE 2023 DIVISION OF REVENUE FID-TAX



FIDUCIARY INCOME TAX RETURN FORMERLY 400

	For Fiscal Year be	ginning		and ending	g				
	payer ID			✓ Che	eck Applicable Box:			One Filing Status:	
Nai	me of Trust or Estate				Initial Return			Resident Estate	
Naı	ne and Title of Fiduciary				Amended Return			Non-Resident Estate	
Stre	eet Address of Fiduciary							Resident Trust	
City	,	Zip Code					Non-Resident Trust		
	⊘ Attach Complete	ed Copy of	Federal Form 1041 a	nd Supportir	ng Schedules to this	return			
1.	FEDERAL TAXABLE INCOME OF FIDUCIARY (Fede	ral Form 1	0/1 Line 23)			1.			.00
2.	INCOME OF ELECTING SMALL BUSINESS TRUSTS	ai i Oilli i	041, LINE 23)			2.			.00
3.	NET MODIFICATIONS OF ELECTING SMALL BUSIN	JESS TRIIS	TS (Attach senarate 9	Schedule A)		3.			.00
4.	COMBINE - Add Line 1 through Line 3	ilos ikos	(Account separate s	cricadic 7 y		4.			.00
5.	FIDUCIARY'S SHARE OF DELAWARE MODIFICATION	NS (Scher	dule B. Column B. Lin	o 1)		5.			.00
6.	INCOME ACCUMULATED FOR NON-RESIDENT BE		6.			.00			
7.	DELAWARE TAXABLE INCOME - Line 4 Plus/Minus		-5 (56.1644.6 6)			7.			.00
8.	DELAWARE TAX (Compute from tax rate schedule,					8.			.00
9.	TAX ON LUMP SUM DISTRIBUTIONS (Form PIT-ST	-	attached)			9.			.00
10.	TOTAL TAX - Add Line 8 to Line 9	casc sc	actaerrea,			10.			.00
11.	NON-REFUNDABLE CREDITS (See instructions)			11.			.00		
12.	BALANCE - Subtract Line 11 from Line 10 (Enter 0 if N	egative)			12.			.00	
13.	ESTIMATED TAX PAID AND PAYMENTS WITH EXT			13.			.00		
14.	OTHER PAYMENTS (Include real estate estimated			14.			.00		
15.	TOTAL CREDITS - Add Line 13 to Line 14				15.			.00	
16.	PREVIOUS REFUNDS			16.			.00		
17.	NET REFUNDABLE CREDITS - Subtract Line 16 from	m Line 15				17.			.00
18.	BALANCE DUE AND PAY IN FULL - If Line 12 is gre	ne 12	18.			.00			
19a.	OVERPAYMENT - If Line 17 is greater than Line 12					19a.			.00
19b.	AMOUNT TO BE REFUNDED					19b.			.00
	AMOUNT TO BE CREDITED TO 2024 TENTATIVE T.	AX				19c.			.00
Un	JRE TO SIGN YOUR RETURN BELOW AND KEEP A COPY der penalties of perjury, I declare that I have examined this return, including accents, and believe it is true, correct and complete. If prepared by a person other the based on all information of which the preparer has any knowle	ompanying sche an taxpayer, the	dules and	PAID PREPAR	ER INFORMATION				
			_						
				PAID PREPA	RER SIGNATURE			⊞ DATE	
	SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE	⊞ DATE		ADDRESS					
7	TITLE OF OFFICER			CITY			STATE	ZIP CODE	
c	P PHONE NUMBER			EIN, SSN or PTI	IN	<i>D</i> P	PHONE NU	MBER	
@	EMAIL ADDRESS			@ EMAIL ADDF	RESS				



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DELAWARE MODIFICATIONS AND ADJUSTMENTS

1.	INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	1.	.00
2.	OTHER ADJUSTMENTS	2.	.00
3.	STATE INCOME TAX ON FEDERAL RETURN (All States) (See instructions)	3.	.00
4.	TOTAL ADDITIONS - Add Line 1 through Line 3	4.	.00
5.	INTEREST ON U.S. OBLIGATIONS	5.	.00
6.	OTHER ADJUSTMENTS	6.	.00
7.	TOTAL SUBTRACTIONS - Add Line 5 and Line 6	7.	.00
8.	NET DELAWARE MODIFICATIONS - Subtract Line 7 from Line 4 (Also, Enter on Schedule B, Column B, Line 6)	8.	.00

_	SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS Name and Address (Include Fiduciary Share on Line 1)		Taxpayer ldentification Number	COLUMN A Share of Federal Section 641(c) and Distributable Net Income	Percent		COLUMN B Share of Delaware Modifications and Adjustments	
1		1.		.00				.00
2.		2.		.00				.00
3.		3.		.00				.00
4.		4.		.00				.00
5.		5.		.00				.00
6.	TOTAL		6.	.00	100)		.00

5	CHEDU	INCOME ACCUMULATED FOR NON-RESIDENT BENIFICIARY (If beneficiary resided in Delaware any part of the taxable year, specify dates)								dates)			
			COLUMN A		COLUMN B		COLUMN C		COLUMN D	COLUMN E	COLUMN F	COLUMN G	
	Ben	4 Digits of reficiary's FEIN	Amount from Schedule B, Col A		Amount of Column A from Delaware Source (Information Only)		Share of Modificatio Schedule B, Column		Column A Plus or Minus Column C	Dates Resided Outside Delaware	Percent	Multiply Column D by Column F	у
	1.			.00		.00		.00	.00				.00
	2.			.00		.00		.00	.00				.00
	3.			.00		.00		.00	.00				.00
	4. C	DEDUCT	IONS FOR INCO	ME AC	CUMULATED FO	R NON	I-RESIDENT BEN	EFICIA	RIES - Add Column G	Line 1 through Line 3 (A	lso, enter on Page 1, Line 6)		.00

TAX	IF INCOME ON LINE 7 IS:	AT LEAST	BUT NOT OVER	YOUR TAX IS:		
RATE SCHEDULE		\$0.	\$2,000.	\$0.		
SCHEDOLE		\$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 AN	ND OVER	\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.		