

DELAWARE

DIVISION OF REVENUE

FIDUCIARY INCOME TAX RETURN

2025
FORM
FID-TAX

For Fiscal Year beginning

and ending

Taxpayer ID

✓ Check Applicable Box:

✓ Check One Filing Status:

Name of Trust or Estate

Initial Return

Resident Estate

Name and Title of Fiduciary

Amended Return

Non-Resident Estate

Street Address of Fiduciary

Resident Trust

City

State

Zip Code

Non-Resident Trust

☞ Attach Completed Copy of Federal Form 1041 and Supporting Schedules to this return

1. FEDERAL TAXABLE INCOME OF FIDUCIARY (Federal Form 1041, Line 23)	1.	.00
2. INCOME OF ELECTING SMALL BUSINESS TRUSTS	2.	.00
3. NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS (Attach separate Schedule A)	3.	.00
4. COMBINE - Add Line 1 through Line 3	4.	.00
5. FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (Schedule B, Column B, Line 1)	5.	.00
6. INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (Schedule C, Line 9)	6.	.00
7. DELAWARE TAXABLE INCOME - Line 4 Plus/Minus Line 5&6	7.	.00
8. DELAWARE TAX (Compute from tax rate schedule, Page 2)	8.	.00
9. TAX ON LUMP SUM DISTRIBUTIONS (Form PIT-STC must be attached)	9.	.00
10. TOTAL TAX - Add Line 8 to Line 9	10.	.00
11. NON-REFUNDABLE CREDITS (See instructions)	11.	.00
12. BALANCE - Subtract Line 11 from Line 10 (Enter 0 if Negative)	12.	.00
13. ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS	13.	.00
14. OTHER PAYMENTS (Include real estate estimated taxes on this line)	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 Line 15	17.	.00
18. BALANCE DUE AND PAY IN FULL - If Line 12 is greater than Line 17 - Subtract Line 17 from Line 12	18.	.00
19a. OVERPAYMENT - If Line 17 is greater than Line 12 - Subtract Line 12 from Line 17	19a.	.00
19b. AMOUNT TO BE REFUNDED	19b.	.00
19c. AMOUNT TO BE CREDITED TO 2026 TENTATIVE TAX	19c.	.00

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.

PAID PREPARER INFORMATION

☞ SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE

☞ DATE

TITLE OF OFFICER

☞ PHONE NUMBER

@ EMAIL ADDRESS

☞ PAID PREPARER SIGNATURE

☞ DATE

ADDRESS

CITY

STATE

ZIP CODE

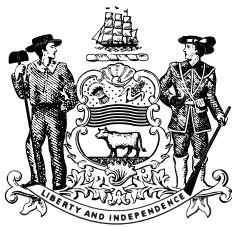
EIN, SSN or PTIN

☞ PHONE NUMBER

@ EMAIL ADDRESS

MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:

Delaware Division of Revenue
PO Box 2044
Wilmington, DE 19899-2044



DELAWARE

2025
DIVISION OF REVENUE F O R M
FID-TAX
FIDUCIARY INCOME TAX RETURN

SCHEDULE

A

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

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

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

SCHEDULE

C

INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY (If beneficiary resided in Delaware any part of the taxable year, specify dates)

BENEFICIARY 1

BENEFICIARY 2

BENEFICIARY 3

TAX
RATE
SCHEDULE

IF INCOME ON LINE 7 IS:
AT LEAST BUT NOT OVER

1.	Beneficiary's FEIN					\$0.	\$2,000.
2.	Amount from Schedule B, Col A	.00	.00	.00		\$2,000.	\$5,000.
3.	Amount of Line 2 from Delaware Source (Information Only)	.00	.00	.00		\$5,000.	\$10,000.
4.	Share of Modifications Schedule B, Column B	.00	.00	.00		\$10,000.	\$20,000.
5.	Line 2 Plus or Minus Line 4	.00	.00	.00		\$20,000.	\$25,000.
6.	Dates Resided Outside Delaware					\$25,000.	\$60,000.
7.	Percent					\$60,000 AND OVER	
8.	Multiply Line 5 by Line 7	.00	.00	.00		YOUR TAX IS:	
9.	DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES Add Line 8, (Also, enter on Page 1, Line 6)			.00		\$0.	
						2.20% OF AMOUNT OVER \$2,000.	
						\$66.00 + 3.90% OF AMOUNT OVER \$5,000.	
						\$261.00 + 4.80% OF AMOUNT OVER \$10,000.	
						\$741.00 + 5.20% OF AMOUNT OVER \$20,000.	
						\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.	
						\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.	