



**DELAWARE** **2025**  
DIVISION OF REVENUE F O R M  
FID-VCH  
**ELECTRONIC FILER FIDUCIARY PAYMENT VOUCHER**

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

