DELAWARE 2025 FORM
DIVISION OF REVENUE FID-VCH

ELECTRONIC FILER FIDUCIARY PAYMENT VOUCHER

1 Taxpayer ID

2 Fiscal Year End (MM-DD-YYYY)

3 Amount of the Payment $ .00

4 Preparer's Business Phone Number

5 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

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