

DELAWARE

2026
DIVISION OF REVENUE F O R M
FID-TAX
FIDUCIARY INCOME TAX RETURN



For Fiscal Year beginning [] and ending []

Taxpayer ID

Name of Trust or Estate

Name and Title of Fiduciary

Street Address of Fiduciary

City

State

Zip Code

✓ Check Applicable Box:

☐

Initial Return

☐

Amended Return

✓ Check One Filing Status:

☐

Resident Estate

☐

Non-Resident Estate

☐

Resident Trust

☐

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 Line 5 Minus Line 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 2027 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.

Ⓜ SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE

📅 DATE

TITLE OF OFFICER

📞 PHONE NUMBER

@ EMAIL ADDRESS

PAID PREPARER INFORMATION

Ⓜ PAID PREPARER SIGNATURE

📅 DATE

ADDRESS

CITY

STATE

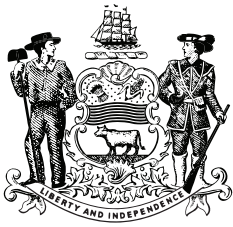
ZIP CODE

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

2026
DIVISION OF REVENUE F O R M
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.	DECOUPLING MODIFICATIONS - Form PTT-DCP	3.		.00
4.	STATE INCOME TAX ON FEDERAL RETURN (All States) (See instructions)	4.		.00
5.	TOTAL ADDITIONS - Add Line 1 through Line 4	5.		.00
6.	INTEREST ON U.S. OBLIGATIONS	6.		.00
7.	DECOUPLING MODIFICATIONS - Form PTT-DCP	7.		.00
8.	OTHER ADJUSTMENTS	8.		.00
9.	TOTAL SUBTRACTIONS - Add Line 6 through Line 8	9.		.00
10.	NET DELAWARE MODIFICATIONS - Subtract Line 9 from Line 5 (Also, Enter on Schedule B, Column B, Line 6)	10.		.00

SCHEDULE B

SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS Name and Address (Include Fiduciary Share on Line 1)

	Taxpayer Identification Number	Share of Federal Section 641(c) and Distributable Net Income	Percent	Share of Delaware Modifications and Adjustments
1.		.00		.00
2.		.00		.00
3.		.00		.00
4.		.00		.00
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
1. Beneficiary's FEIN			
2. Amount from Schedule B, Col A	.00	.00	.00
3. Amount of Line 2 from Delaware Source (Information Only)	.00	.00	.00
4. Share of Modifications Schedule B, Column B	.00	.00	.00
5. Line 2 Plus or Minus Line 4	.00	.00	.00
6. Dates Resided Outside Delaware			
7. Percent			
8. Multiply Line 5 by Line 7	.00	.00	.00
9. DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES Add Line 8, (Also, enter on Page 1, Line 6)			.00

TAX RATE SCHEDULE

IF INCOME ON LINE 7 IS:	AT LEAST	BUT NOT OVER
	\$0.	\$2,000.
	\$2,000.	\$5,000.
	\$5,000.	\$10,000.
	\$10,000.	\$20,000.
	\$20,000.	\$25,000.
	\$25,000.	\$60,000.
	\$60,000 AND OVER	

YOUR TAX IS:

	\$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.	