



DELAWARE 2026
DIVISION OF REVENUE F O R M
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

