

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20618019999

Fiscal Year MM | DD | YY To MM | DD | YY

CHECK APPLICABLE BOX: [] INITIAL RETURN [] AMENDED RETURN

NAME OF TRUST OR ESTATE

ALICE WONDERLAND FBO CHESHIRE WONDERLAND

EMPLOYER IDENTIFICATION NUMBER

Grid for Employer Identification Number

FILING STATUS (CHECK ONE):

RESIDENT ESTATE []

NON-RESIDENT ESTATE []

RESIDENT TRUST [X]

NON-RESIDENT TRUST []

TRUST NUMBER

NAME AND TITLE OF FIDUCIARY

WONDERLAND BANK

ADDRESS OF FIDUCIARY (NUMBER AND STREET)

27 RED QUEEN WAY

CITY

PHILADELPHIA

STATE

PA

ZIP CODE

19104

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 16 rows and 2 columns: Description and Amount. Includes lines for Federal Taxable Income, Delaware Tax, and Credits.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE

PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE

PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	810	1.
2. OTHER ADJUSTMENTS		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)		3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	810	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS	5	5.
6. OTHER ADJUSTMENTS		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)	5	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6	805	8.

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	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1. CHESHIRE WONDERLAND 78 LOOKING GLASS LN BALTIMORE MD 21210	0 1 1 1 2 3 4 5 6	\$ 2406	100.00	\$ 805
2.				
3.				
4.				
5.				
6. TOTAL		\$	100%	\$ 805

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY
(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F
2344	4854	4854	266	4588.00	1/1/18-12/31/18	33.000	1514
2347	4854	4854	266	4588.00	1/1/18-12/31/18	33.000	1514
2348	4861	4861	273	4588.00	1/1/18-12/31/18		1560

DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6)..... \$

TAX RATE SCHEDULE



DF20618029999

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.

BENEFICIARY'S INFORMATION

Fiscal year beginning MM | DD | YY and ending MM | DD | YY

Name of Estate or Trust ALICE WONDERLAND FBO CHESHIRE WONDERLAND Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 011123456 Employer ID Number

Beneficiary's Name CHESHIRE WONDERLAND
 Beneficiary's Address 78 LOOKING GLASS LN
 City BALTIMORE State MD ZIP Code 21210 -

Amended K-1

Final K-1

Non-resident

Fiduciary's Name WONDERLAND BANK
 Fiduciary's Address 27 RED QUEEN WAY
 City PHILADELPHIA State PA Zip Code 19104 -

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	2406	
2. Beneficiary's share of additions.....		Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....		Form 200-01, Line 36 or 200-2 Line 25

NON-RESIDENT BENEFICIARY INFORMATION

4. Net business income allocable to Delaware.....		Form 200-02, Line 6
5. Capital gain (loss) allocable to Delaware.....		Form 200-02, Line 7a
6. Other gain (loss) allocable to Delaware.....		Form 200-02, Line 7b
7. Net partnership income allocable to Delaware.....		Form 200-02, Line 10
8. Net estate and trust income allocable to Delaware.....		Form 200-02, Line 10
9. Net rent and royalty income allocable to Delaware.....		Form 200-02, Line 10
10. Net S-Corporation income allocable to Delaware.....		Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



DF20716019999

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20618019999

Fiscal Year MM DD YY To MM DD YY

CHECK APPLICABLE BOX: X INITIAL RETURN AMENDED RETURN

NAME OF TRUST OR ESTATE MT WILSON TRUST NUMBER

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):

RESIDENT ESTATE

NON-RESIDENT ESTATE

RESIDENT TRUST X

NON-RESIDENT TRUST

NAME AND TITLE OF FIDUCIARY TEST

ADDRESS OF FIDUCIARY (NUMBER AND STREET) 1 SUSSEX CT

CITY STATE ZIP CODE LEWES DE 19958

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 3 columns: Line number, Description, Amount. Includes lines 1-19(c) for income, taxes, and credits.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE		1.
2. OTHER ADJUSTMENTS		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)	809	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	809	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS		5.
6. OTHER ADJUSTMENTS		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)		7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6	809	8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

1.	NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1.			\$		\$
2.	CHARLES TEST 1 SUSSEX CT LEWES DE 19958-8944	888899901	0	100.00	809
3.					
4.					
5.					
6. TOTAL			\$ 0	100%	\$ 809

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY
(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F

DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6)..... \$

TAX RATE SCHEDULE



DF20618029999

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.

BENEFICIARY'S INFORMATION

Fiscal year beginning MM DD YY and ending MM DD YY

Name of Estate or Trust MT WILSON Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 888899901 Employer ID Number

Beneficiary's Name CHARLES TEST
 Beneficiary's Address 1 SUSSEX CT
 City LEWES State DE ZIP Code 19958 - 8944

Amended K-1

Final K-1

Non-resident

Fiduciary's Name TEST
 Fiduciary's Address 1 SUSSEX CT
 City LEWES State DE Zip Code 19958 - 8944

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....	0	
2. Beneficiary's share of additions.....	809	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	0	Form 200-01, Line 36 or 200-2 Line 25

NON-RESIDENT BENEFICIARY INFORMATION

4. Net business income allocable to Delaware.....		Form 200-02, Line 6
5. Capital gain (loss) allocable to Delaware.....		Form 200-02, Line 7a
6. Other gain (loss) allocable to Delaware.....		Form 200-02, Line 7b
7. Net partnership income allocable to Delaware.....		Form 200-02, Line 10
8. Net estate and trust income allocable to Delaware.....		Form 200-02, Line 10
9. Net rent and royalty income allocable to Delaware.....		Form 200-02, Line 10
10. Net S-Corporation income allocable to Delaware.....		Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



DF20716019999

DELAWARE FIDUCIARY
INCOME TAX RETURN



DF20618019999

Fiscal Year MM DD YY To MM DD YY

CHECK APPLICABLE BOX: INITIAL RETURN AMENDED RETURN

NAME OF TRUST OR ESTATE
MT WILSON ONE
TRUST NUMBER

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):

RESIDENT ESTATE

NON-RESIDENT ESTATE

RESIDENT TRUST

NON-RESIDENT TRUST

NAME AND TITLE OF FIDUCIARY
TEST

ADDRESS OF FIDUCIARY (NUMBER AND STREET)
106 MARKET ST 4TH FLOOR

CITY STATE ZIP CODE
PHILADELPHIA PA 19103

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

1. FEDERAL TAXABLE INCOME OF FIDUCIARY (FORM 1041, LINE 22).....	4489	1.
2. INCOME OF ELECTING SMALL BUSINESS TRUSTS.....		2.
3. NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS (ATTACH SEPARATE SCH. A).....		3.
4. COMBINE LINES 1, 2 AND 3.....	4489	4.
5. FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM SCHEDULE B, COLUMN B, LINE 1).....	805	5.
6. INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (SCHEDULE C).....		6.
7. DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6).....	5294	7.
8. DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2).....	77	8.
9. TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACHED).....		9.
10. TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE.....	77	10.
11. NON-REFUNDABLE CREDITS.....	0	11.
12. BALANCE (SUBTRACT LINE 11 FROM LINE 10) (CANNOT BE LESS THAN ZERO).....	77	12.
13. ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS.....		13.
14. OTHER PAYMENTS (INCLUDE REAL ESTATE ESTIMATED TAXES ON THIS LINE).....		14.
15. TOTAL CREDITS (ADD LINES 13 AND 14).....	0	15.
16. PREVIOUS REFUNDS.....		16.
17. NET REFUNDABLE CREDITS (SUBTRACT LINE 16 FROM LINE 15).....	0	17.
18. IF LINE 12 IS MORE THAN LINE 17, SUBTRACT LINE 17 FROM LINE 12.....PAY IN FULL>	77	18.
19(a). IF LINE 17 IS MORE THAN LINE 12, SUBTRACT LINE 12 FROM LINE 17 (Total Overpayment).....		19(a).
19(b). ENTER ON LINE 19(b) THE AMOUNT OF OVERPAYMENT TO BE REFUNDED TO YOU.....		19(b).
19(c). ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT.....		19(c).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	810	1.
2. OTHER ADJUSTMENTS		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)		3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	810	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS		5.
6. OTHER ADJUSTMENTS	5	6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)	5	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6	805	8.

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	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS
1. TEST 106 MARKET ST		\$ 0	100.00	\$ 805
2.				
3.				
4.				
5.				
6. TOTAL		\$ 0	100%	\$ 805

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY
(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	
Last Four Digits of Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F

DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6)..... \$

TAX RATE SCHEDULE



DF20618029999

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.

BENEFICIARY'S INFORMATION

Fiscal year beginning MM | DD | YY and ending MM | DD | YY

Name of Estate or Trust MT WILSON ONE Percentage of Distributive Share 100.0000 %

Beneficiary's ID Number 777890123 Employer ID Number

Beneficiary's Name TEST
 Beneficiary's Address 7 FRANKLIN ST
 City ARLINGTON State MA ZIP Code 02474 -

Amended K-1

Final K-1

Non-resident

Fiduciary's Name TEST
 Fiduciary's Address 106 MARKET ST 4TH FLOOR
 City PHILADELPHIA State PA Zip Code 19103 - 4818

(a) Allocable share item	(b) Amount	(c) Enter the amounts in column (b) on
1. Beneficiary's Federal Distributable Net Income.....		
2. Beneficiary's share of additions.....	810	Form 200-01, Line 31 or 200-02 Line 19
3. Beneficiary's share of subtractions.....	5	Form 200-01, Line 36 or 200-2 Line 25

NON-RESIDENT BENEFICIARY INFORMATION

4. Net business income allocable to Delaware.....		Form 200-02, Line 6
5. Capital gain (loss) allocable to Delaware.....		Form 200-02, Line 7a
6. Other gain (loss) allocable to Delaware.....		Form 200-02, Line 7b
7. Net partnership income allocable to Delaware.....		Form 200-02, Line 10
8. Net estate and trust income allocable to Delaware.....		Form 200-02, Line 10
9. Net rent and royalty income allocable to Delaware.....		Form 200-02, Line 10
10. Net S-Corporation income allocable to Delaware.....		Form 200-02, Line 10
11. Net farm income allocable to Delaware.....		Form 200-02, Line 11



DF20716019999

**DELAWARE
FORM 400-EX**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS AREA

5E RETURN WITH INSTALLMENT DUE: **APR 30, 2019**

REV CODE 0007-25

FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

2018

EMPLOYER IDENTIFICATION NUMBER:

AMOUNT OF THIS INSTALLMENT:

TRUST NUMBER: FISCAL YEAR END DATE (Fiscal Year Filers Only): MM DD YY

\$ 100 00

NAME OF TRUST OR ESTATE: MT WILSON TWO
 NAME OF FIDUCIARY: TEST
 TITLE OF FIDUCIARY:

**PLEASE WRITE THE TRUST'S OR ESTATE'S
EIN AND 2018 FORM 400-ES ON YOUR CHECK
OR MONEY ORDER.**

**MAKE CHECK PAYABLE AND MAIL TO:
DELAWARE DIVISION OF REVENUE
P.O. BOX 2044, WILMINGTON, DE 19899-2044**

P.O. BOX OR STREET ADDRESS: 2 WHITFIELD RD
 CITY NEWARK STATE DE ZIP CODE 19711 -



DF65116019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2019 (OR FISCAL YEAR, FROM MM DD YY
TO MM DD YY FOR THE TAX YEAR ENDING: MM DD YY**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____

**DELAWARE
FORM 400-ES**

2018

FIDUCIARY ESTIMATED INCOME TAX INSTRUCTIONS

WHO MUST MAKE A DECLARATION:

If the fair market value of the assets of a resident or non-resident trust, for any given taxable year, equals or exceeds \$1 million, the trust is required to file estimated tax declarations for the subsequent taxable year.

WHEN AND WHERE TO FILE DECLARATION:

Your Declaration and payment of Estimated Tax shall be filed or paid on or before May 2 or on such later dates as are specified in the instructions below. Payments should be filed with the Division of Revenue at P.O. Box 2044, Wilmington, Delaware 19899-2044.

FISCAL YEAR:

If you file your income tax returns on a fiscal year basis, your dates for filing the Declaration and payment of the Estimated Tax will be the 30th day of the fourth month and the 15th day of the sixth and ninth months of your current fiscal year and the 15th day of the first month of the next fiscal year.

CHANGES IN INCOME OR DEDUCTION(S):

A. Even though your situation on April 30th is such that you are not required to file a Declaration at that time, your expected income or deduction(s) may change so that you will be required to file a Declaration later. In such case, the time for filing is as follows: June 15th if the change occurs after April 1st and before June 2nd; September 17th if the change occurs after June 1st and before September 2nd; January 15th of the following year if the change occurs after September 1st. The Estimated Tax may be paid in full at the time of filing the Declaration or in equal installments on the remaining payment dates.

B. After you have filed a Declaration, if changes in income or deduction(s) cause a substantial increase or decrease in Estimated Tax, you should enter the adjusted amount in the space provided on each remaining Form 400-ES and forward on required due dates.

PAYMENT OF ESTIMATED TAX:

Your Estimated Tax may be paid in full with the Declaration, or in equal installments on or before April 30, June 15th, September 17th, and January 15th of the following year. The last installment must be mailed no later than January 15th of the following year. Check or money order should be made payable to Delaware Division of Revenue. Please remove any stub from your check. Write your Employer Identification Number and tax period you are reporting on the check or money order. DO NOT STAPLE your payment to the return.

PENALTY FOR FAILURE TO PAY ESTIMATED INCOME TAX:

The following penalty is imposed by law for underpayment of any installment of Estimated Tax: A penalty of 1 1/2% per month, or fraction thereof, on the underpayment during the period of the underpayment except in certain situations. The penalty does not apply if each installment is paid on time and (a) is at least 90% of the amount due on the income tax return for the taxable year, or (b) is based on a tax computed by using your taxable income for last year and this year's tax rate.

MISPLACED OR DAMAGED FORMS:

Replacement forms can be obtained on the Division of Revenue website at www.revenue.delaware.gov or by calling Revenue's Public Service Bureau at (302) 577-8200. Estimated taxes due must be filed on a timely basis.

TAX COMPUTATION SCHEDULE

1. ENTER AMOUNT OF TOTAL GROSS INCOME EXPECTED FOR THE YEAR	\$	20000.00
2. LESS: PENSION AND 60 AND OVER EXCLUSIONS, U.S. OBLIGATIONS INTEREST	\$	12500.00
3. ESTIMATED TAXABLE INCOME (SUBTRACT LINE 2 FROM LINE 1	\$	7500.00
4. ESTIMATED TAX (USE TAX COMPUTATION TABLE BELOW TO MAKE THIS COMPUTATION)	\$	121.00

TAX COMPUTATION SCHEDULE

IF ESTIMATED TAXABLE INCOME ON LINE 3 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000	\$ 0.
2,000	5,000	2.2% OF AMOUNT OVER \$2,000.
5,000	10,000	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000	20,000	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000	25,000	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000	60,000	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.

**DELAWARE
FORM 400-EX**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS AREA

5E RETURN WITH INSTALLMENT DUE: **APR 30, 2019**

REV CODE 0007-25

FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

2018

EMPLOYER IDENTIFICATION NUMBER:

AMOUNT OF THIS INSTALLMENT:

TRUST NUMBER: FISCAL YEAR END DATE (Fiscal Year Filers Only): MM DD YY

\$ 2500 00

NAME OF TRUST OR ESTATE: MT WILSON THREE
 NAME OF FIDUCIARY: TEST
 TITLE OF FIDUCIARY:

**PLEASE WRITE THE TRUST'S OR ESTATE'S
EIN AND 2018 FORM 400-ES ON YOUR CHECK
OR MONEY ORDER.**

**MAKE CHECK PAYABLE AND MAIL TO:
DELAWARE DIVISION OF REVENUE
P.O. BOX 2044, WILMINGTON, DE 19899-2044**

P.O. BOX OR STREET ADDRESS: 2 N CLAIRMONT DR
 CITY SALISBURY STATE MD ZIP CODE 21801 -



DF65116019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2019 (OR FISCAL YEAR, FROM MM DD YY
TO MM DD YY FOR THE TAX YEAR ENDING: MM DD YY**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____

**DELAWARE
FORM 400-ES**

2018

FIDUCIARY ESTIMATED INCOME TAX INSTRUCTIONS

WHO MUST MAKE A DECLARATION:

If the fair market value of the assets of a resident or non-resident trust, for any given taxable year, equals or exceeds \$1 million, the trust is required to file estimated tax declarations for the subsequent taxable year.

WHEN AND WHERE TO FILE DECLARATION:

Your Declaration and payment of Estimated Tax shall be filed or paid on or before May 2 or on such later dates as are specified in the instructions below. Payments should be filed with the Division of Revenue at P.O. Box 2044, Wilmington, Delaware 19899-2044.

FISCAL YEAR:

If you file your income tax returns on a fiscal year basis, your dates for filing the Declaration and payment of the Estimated Tax will be the 30th day of the fourth month and the 15th day of the sixth and ninth months of your current fiscal year and the 15th day of the first month of the next fiscal year.

CHANGES IN INCOME OR DEDUCTION(S):

A. Even though your situation on April 30th is such that you are not required to file a Declaration at that time, your expected income or deduction(s) may change so that you will be required to file a Declaration later. In such case, the time for filing is as follows: June 15th if the change occurs after April 1st and before June 2nd; September 17th if the change occurs after June 1st and before September 2nd; January 15th of the following year if the change occurs after September 1st. The Estimated Tax may be paid in full at the time of filing the Declaration or in equal installments on the remaining payment dates.

B. After you have filed a Declaration, if changes in income or deduction(s) cause a substantial increase or decrease in Estimated Tax, you should enter the adjusted amount in the space provided on each remaining Form 400-ES and forward on required due dates.

PAYMENT OF ESTIMATED TAX:

Your Estimated Tax may be paid in full with the Declaration, or in equal installments on or before April 30, June 15th, September 17th, and January 15th of the following year. The last installment must be mailed no later than January 15th of the following year. Check or money order should be made payable to Delaware Division of Revenue. Please remove any stub from your check. Write your Employer Identification Number and tax period you are reporting on the check or money order. DO NOT STAPLE your payment to the return.

PENALTY FOR FAILURE TO PAY ESTIMATED INCOME TAX:

The following penalty is imposed by law for underpayment of any installment of Estimated Tax: A penalty of 1 1/2% per month, or fraction thereof, on the underpayment during the period of the underpayment except in certain situations. The penalty does not apply if each installment is paid on time and (a) is at least 90% of the amount due on the income tax return for the taxable year, or (b) is based on a tax computed by using your taxable income for last year and this year's tax rate.

MISPLACED OR DAMAGED FORMS:

Replacement forms can be obtained on the Division of Revenue website at www.revenue.delaware.gov or by calling Revenue's Public Service Bureau at (302) 577-8200. Estimated taxes due must be filed on a timely basis.

TAX COMPUTATION SCHEDULE

1. ENTER AMOUNT OF TOTAL GROSS INCOME EXPECTED FOR THE YEAR	\$	30000.00
2. LESS: PENSION AND 60 AND OVER EXCLUSIONS, U.S. OBLIGATIONS INTEREST	\$	12500.00
3. ESTIMATED TAXABLE INCOME (SUBTRACT LINE 2 FROM LINE 1	\$	17500.00
4. ESTIMATED TAX (USE TAX COMPUTATION TABLE BELOW TO MAKE THIS COMPUTATION)	\$	621.00

TAX COMPUTATION SCHEDULE

IF ESTIMATED TAXABLE INCOME ON LINE 3 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000	\$ 0.
2,000	5,000	2.2% OF AMOUNT OVER \$2,000.
5,000	10,000	\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
10,000	20,000	\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
20,000	25,000	\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
25,000	60,000	\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$2,943.50 + 6.60% OF AMOUNT OVER \$60,000.