

**DELAWARE
FORM 400-ES**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

RETURN WITH INSTALLMENT DUE:

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

REV CODE 0004-015

2019

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

NAME OF TRUST OR ESTATE:

NAME OF FIDUCIARY:

TITLE OF FIDUCIARY:

P.O. BOX OR STREET ADDRESS:

CITY

STATE

ZIP CODE

AMOUNT OF THIS INSTALLMENT:

\$ 00

PLEASE WRITE THE TRUST'S OR ESTATE'S EIN
AND "2019 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



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(Revised 09/2018)

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