

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20619019999

Fiscal Year MM DD YY To MM DD YY

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

NAME OF TRUST OR ESTATE ALICE WONDERLAND FBO CHESHIRE WONDERLAND

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 3 columns: Description, Amount, and Line Number. Includes items like FEDERAL TAXABLE INCOME, DELAWARE TAX, and NET REFUNDABLE 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	410.00	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)	410.00	4.

SUBTRACTIONS

5. INTEREST ON U.S. OBLIGATIONS	5.00	5.
6. OTHER ADJUSTMENTS		6.
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)	5.00	7.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6	805.00	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.	0 1 1 1 2 3 4 5 6	\$ 2406.00		\$ 805.00
2.				
3.				
4.				
5.				
6. TOTAL		\$	100%	\$ 805.00

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	4854.00	4854.00	266.00	4588.00	1/1/15-12/31/15	33.00	1514.00
2347	4854.00	4854.00	266.00	4588.00	1/1/15/12/31/15	33.00	1514.00
2348	4854.00	4861.00	273.00	4588.00	1/1/15-12/31/15	33.00	1560.00
DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6).....						\$	

TAX RATE SCHEDULE



DF20619029999

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.

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20619019999

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:
NAME AND TITLE OF FIDUCIARY: TEST
ADDRESS OF FIDUCIARY (NUMBER AND STREET): 1 SUSSEX CT
CITY: LEWES STATE: DE ZIP CODE: 19958

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE []
NON-RESIDENT ESTATE []
RESIDENT TRUST [X]
NON-RESIDENT TRUST []

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. Row 1: FEDERAL TAXABLE INCOME OF FIDUCIARY (FORM 1041, LINE 22) 1100.00. Row 2: INCOME OF ELECTING SMALL BUSINESS TRUSTS. Row 3: NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS (ATTACH SEPARATE SCH. A). Row 4: COMBINE LINES 1, 2 AND 3 1100.00. Row 5: FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM SCHEDULE B, COLUMN B, LINE 1) 809.00. Row 6: INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (SCHEDULE C). Row 7: DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) 291.00. Row 8: DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2) 0.00. Row 9: TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACHED). Row 10: TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE. Row 11: NON-REFUNDABLE CREDITS. Row 12: BALANCE (SUBTRACT LINE 11 FROM LINE 10) (CANNOT BE LESS THAN ZERO). Row 13: ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS 480.00. Row 14: OTHER PAYMENTS (INCLUDE REAL ESTATE ESTIMATED TAXES ON THIS LINE). Row 15: TOTAL CREDITS (ADD LINES 13 AND 14) 480.00. Row 16: PREVIOUS REFUNDS. Row 17: NET REFUNDABLE CREDITS (SUBTRACT LINE 16 FROM LINE 15) 480.00. Row 18: IF LINE 12 IS MORE THAN LINE 17, SUBTRACT LINE 17 FROM LINE 12. PAY IN FULL >. Row 19(a): IF LINE 17 IS MORE THAN LINE 12, SUBTRACT LINE 12 FROM LINE 17 (Total Overpayment) 480.00. Row 19(b): ENTER ON LINE 19(b) THE AMOUNT OF OVERPAYMENT TO BE REFUNDED TO YOU 480.00. Row 19(c): ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT 480.00.

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		1.
2. OTHER ADJUSTMENTS		2.
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)	809.00	3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	809.00	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	809.00	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. CHARLES TEST	888899901	\$ 0.00	100.00	\$ 809.00
2.				
3.				
4.				
5.				
6. TOTAL		\$ 0.00	100%	\$ 809.00

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



DF20619029999

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.

DELAWARE FIDUCIARY INCOME TAX RETURN

Fiscal Year MM DD YY To MM DD YY



DF20619019999

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

NAME OF TRUST OR ESTATE MT WILSON ONE

EMPLOYER IDENTIFICATION NUMBER

TRUST NUMBER

NAME AND TITLE OF FIDUCIARY TEST

ADDRESS OF FIDUCIARY (NUMBER AND STREET) 106 MARKET STREET - 4th FL

CITY PHILADELPHIA STATE PA ZIP CODE 19103

FILING STATUS (CHECK ONE):

RESIDENT ESTATE []

NON-RESIDENT ESTATE []

RESIDENT TRUST [X]

NON-RESIDENT TRUST []

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		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)		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		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.		\$		\$
2.	888899901	0.00	100.00	809.00
3.				
4.				
5.				
6. TOTAL		\$ 0.00	100%	\$ 809.00

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



DF20619029999

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.

**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, 2020**

REV CODE 0007-25

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

2019

EMPLOYER IDENTIFICATION NUMBER:

AMOUNT OF THIS INSTALLMENT:

TRUST NUMBER: FISCAL YEAR END DATE *(Fiscal Year Filers Only):*

\$ 100

NAME OF TRUST OR ESTATE:
NAME OF FIDUCIARY:
TITLE OF FIDUCIARY:

**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**

P.O. BOX OR STREET ADDRESS:
CITY STATE ZIP CODE -



DF65116019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2020 (OR FISCAL YEAR, FROM
TO FOR THE TAX YEAR ENDING:**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____

**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, 2020**

REV CODE 0007-25

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

2019

EMPLOYER IDENTIFICATION NUMBER:

AMOUNT OF THIS INSTALLMENT:

TRUST NUMBER: FISCAL YEAR END DATE *(Fiscal Year Filers Only)*:

\$ 2500

NAME OF TRUST OR ESTATE:
NAME OF FIDUCIARY:
TITLE OF FIDUCIARY:

**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**

P.O. BOX OR STREET ADDRESS:
CITY STATE ZIP CODE -



DF65116019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2020 (OR FISCAL YEAR, FROM
TO FOR THE TAX YEAR ENDING:**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____