



2020

**DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Fiduciary Form 400-V**

DO NOT WRITE OR STAPLE IN THIS AREA



1. Employer Identification Number

2. Fiscal Year End

3. Amount of the payment you are making

2020 \$

4. Preparer's Business Phone Number

5. Name(s)

Address

City

State

Zip Code

(Rev 04/2020)



DF65220019999



DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT