

**DELAWARE  
FORM 400-ES**

**DECLARATION OF ESTIMATED  
FIDUCIARY INCOME TAX**

RETURN WITH INSTALLMENT DUE:

REV CODE 0004-015

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

**2022**

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

FISCAL YEAR END DATE     
*(Fiscal Year Filers Only):* MM | DD | YY

**AMOUNT OF THIS INSTALLMENT:**

\$

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

**PLEASE WRITE THE TRUST'S OR ESTATE'S EIN  
AND 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  -



DF65019019999

(Revised 09/2021)

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