

**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):*

\$ 00

NAME OF TRUST OR ESTATE:

**PLEASE WRITE THE TRUST'S OR ESTATE'S EIN  
AND 2019 FORM 400-ES ON YOUR CHECK OR  
MONEY ORDER.**

NAME OF FIDUCIARY:

**MAKE CHECK PAYABLE AND MAIL TO:  
DELAWARE DIVISION OF REVENUE**

TITLE OF FIDUCIARY:

**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