

**2018**

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

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number <input type="text"/>		2. Fiscal Year End <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="2018"/>		3. Amount of the payment you are making \$ <input type="text"/>	
4. Preparer's Business Phone Number <input type="text"/>		5. Name(s) <input type="text"/>			
		Address <input type="text"/>			
		City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>

(Rev 10/2018)



DF65218019999

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**DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT**