

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 <input type="text"/>		2. Fiscal Year End MM DD 2020		3. Amount of the payment you are making \$ <input type="text"/>
4. Preparer's Business Phone Number <input type="text"/>		5. Name(s) Address City State Zip Code		

(Rev 04/2020)



DF65220019999

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT