

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20620019999

Fiscal Year MM DD YY To MM DD YY

CHECK APPLICABLE BOX: [ ] INITIAL RETURN [ ] AMENDED RETURN

NAME OF TRUST OR ESTATE
TRUST NUMBER
NAME AND TITLE OF FIDUCIARY
ADDRESS OF FIDUCIARY (NUMBER AND STREET)
CITY STATE ZIP CODE

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):
RESIDENT ESTATE [ ]
NON-RESIDENT ESTATE [ ]
RESIDENT TRUST [ ]
NON-RESIDENT TRUST [ ]

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

Table with 16 rows and 2 columns. Row 1: FEDERAL TAXABLE INCOME OF FIDUCIARY... Row 2: INCOME OF ELECTING SMALL BUSINESS TRUSTS... Row 3: NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS... Row 4: COMBINE LINES 1, 2 AND 3... Row 5: FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS... Row 6: INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES... Row 7: DELAWARE TAXABLE INCOME... Row 8: DELAWARE TAX... Row 9: TAX ON LUMP SUM DISTRIBUTIONS... Row 10: TOTAL TAX - ADD LINES 8 AND 9... Row 11: NON-REFUNDABLE CREDITS... Row 12: BALANCE (SUBTRACT LINE 11 FROM LINE 10)... Row 13: ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS... Row 14: OTHER PAYMENTS... Row 15: TOTAL CREDITS (ADD LINES 13 AND 14)... Row 16: PREVIOUS REFUNDS... Row 17: NET REFUNDABLE CREDITS... Row 18: IF LINE 12 IS MORE THAN LINE 17... Row 19(a): IF LINE 17 IS MORE THAN LINE 12... Row 19(b): ENTER ON LINE 19(b) THE AMOUNT OF OVERPAYMENT... Row 19(c): ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE PREPARER BUSINESS PHONE

SIGNATURE OF PAID PREPARER DATE PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER CITY STATE ZIP

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

|  |  |    |
|--|--|----|
| 1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE .....               |  | 1. |
| 2. OTHER ADJUSTMENTS .....   |  | 2. |
| 3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES ) (SEE INSTRUCTIONS) ..... |  | 3. |
| 4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3) .....                             |  | 4. |

SUBTRACTIONS

|   |  |    |
|---|--|----|
| 5. INTEREST ON U.S. OBLIGATIONS .....   |  | 5. |
| 6. OTHER ADJUSTMENTS .....  |  | 6. |
| 7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6) .....   |  | 7. |
| 8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6 ..... |  | 8. |

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

| 1.             | NAME AND ADDRESS<br>(INCLUDE FIDUCIARY SHARE ON LINE 1) | TAXPAYER<br>IDENTIFICATION<br>NUMBER | COLUMN A<br>SHARE OF FEDERAL<br>SECTION 641(c)<br>AND DISTRIBUTABLE<br>NET INCOME | %    | COLUMN B<br>SHARE OF DELAWARE<br>MODIFICATIONS<br>AND ADJUSTMENTS |
|----------------|---|--------------------------------------|---|------|---|
| 1.             |   |                                      | \$  |      | \$  |
| 2.             |   |                                      |   |      |   |
| 3.             |   |                                      |   |      |   |
| 4.             |   |                                      |   |      |   |
| 5.             |   |                                      |   |      |   |
| 6. TOTAL ..... |   |                                      | \$  | 100% | \$  |

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY  
(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

| Column A                                  | Column B                         | Column C  | Column D  | Column E                            | Column F                           | Column G |                                  |
|---|----------------------------------|---|---|-------------------------------------|------------------------------------|----------|----------------------------------|
| Last Four Digits of<br>Beneficiary's FEIN | Amount from<br>Schedule B, Col A | Amount of Column A,<br>From Delaware Source<br>(Information Only) | Share of Modifications,<br>Schedule B, Column B | Column A, Plus or<br>Minus Column C | Dates, Resided<br>Outside Delaware | %        | Multiply Column D<br>by Column F |
|   |                                  |   |   |                                     |                                    |          |                                  |
|   |                                  |   |   |                                     |                                    |          |                                  |
|   |                                  |   |   |                                     |                                    |          |                                  |

DEDUCTIONS FOR INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (ENTER TOTAL, COLUMN G ON PAGE 1 LINE 6)..... \$

TAX RATE SCHEDULE



DF20620029999

| IF INCOME ON LINE 7 IS: |              |
|-------------------------|--------------|
| AT LEAST                | BUT NOT OVER |
| \$ 0.                   | \$ 2,000.    |
| 2,000.                  | 5,000.       |
| 5,000.                  | 10,000.      |
| 10,000.                 | 20,000.      |
| 20,000.                 | 25,000.      |
| 25,000.                 | 60,000.      |
| \$60,000 AND OVER       |              |

| YOUR TAX IS:                                |       |
|---|-------|
|   | \$ 0. |
| 2.20% OF AMOUNT OVER \$2,000.               |       |
| \$66.00 + 3.90% OF AMOUNT OVER \$5,000.     |       |
| \$261.00 + 4.80% OF AMOUNT OVER \$10,000.   |       |
| \$741.00 + 5.20% OF AMOUNT OVER \$20,000.   |       |
| \$1,001.00 + 5.55% OF AMOUNT OVER \$25,000. |       |
| \$2,943.50 + 6.60% OF AMOUNT OVER \$60,000. |       |