

DELAWARE FIDUCIARY INCOME TAX RETURN



DF20622019999

Fiscal Year MM DD YY To MM DD YY

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

NAME OF TRUST OR ESTATE

EMPLOYER IDENTIFICATION NUMBER

FILING STATUS (CHECK ONE):

TRUST NUMBER

RESIDENT ESTATE []

NAME AND TITLE OF FIDUCIARY

NON-RESIDENT ESTATE []

ADDRESS OF FIDUCIARY (NUMBER AND STREET)

RESIDENT TRUST []

CITY STATE ZIP CODE

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 of tax items and their corresponding line numbers (1-16) and 3 rows of overpayment calculations (17-19).

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

NAME AND ADDRESS (INCLUDE FIDUCIARY SHARE ON LINE 1)	TAXPAYER IDENTIFICATION NUMBER	COLUMN A SHARE OF FEDERAL SECTION 641(c) AND DISTRIBUTABLE NET INCOME	%	COLUMN B SHARE OF DELAWARE MODIFICATIONS 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 Beneficiary's FEIN	Amount from Schedule B, Col A	Amount of Column A, From Delaware Source (Information Only)	Share of Modifications, Schedule B, Column B	Column A, Plus or Minus Column C	Dates, Resided Outside Delaware	%	Multiply Column D by Column F

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

TAX RATE SCHEDULE



DF20622029999

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.	