

**DELAWARE
FORM 400-EX**

**DECLARATION OF ESTIMATED
FIDUCIARY INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS AREA

5E RETURN WITH INSTALLMENT DUE: **APRIL 30, 2024**

REV CODE 0007-25

FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX

2023

EMPLOYER IDENTIFICATION NUMBER:

TRUST NUMBER:

FISCAL YEAR END DATE
(Fiscal Year Filers Only): MM DD YY

AMOUNT OF THIS INSTALLMENT:

\$ 00

NAME OF TRUST OR ESTATE:
NAME OF FIDUCIARY:
TITLE OF FIDUCIARY:

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

**MAKE CHECK PAYABLE AND MAIL TO:
DELAWARE DIVISION OF REVENUE
P.O. BOX 2044, WILMINGTON, DE 19899-2044**

P.O. BOX OR STREET ADDRESS:
CITY STATE ZIP CODE -



DF65119019999

**I REQUEST AN AUTOMATIC EXTENSION OF TIME TO FILE DE FORM 400
TO OCTOBER 15, 2024 (OR FISCAL YEAR, FROM MM DD YY
TO MM DD YY FOR THE TAX YEAR ENDING: MM DD YY**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE _____ DATE _____