FORM 400-E	S <u>FIDUCIARY INCOME TAX</u>	
RETURN WITH	I INSTALLMENT DUE:	
<del></del>		REV CODE 0004-015
FILE THIS FORM ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX		2023
EMPLOYER IDENTIFICATION NUM	BER:	
	FISCAL YEAR END DATE	AMOUNT OF THIS INSTALLMENT:
TRUST NUMBER:	(Fiscal Year Filers Only):	. 00
NAME OF TRUST OR ESTATE:		PLEASE WRITE THE TRUST'S OR ESTATE'S EIN AND FORM 400-ES" ON YOUR CHECK OR
NAME OF FIDUCIARY:		MONEY ORDER.
TITLE OF FIDUCIARY:		MAKE CHECK PAYABLE AND MAIL TO: DELAWARE DIVISION OF REVENUE P.O. BOX 2044, WILMINGTON, DE 19899-2044
P.O. BOX OR STREET ADDRESS:		1 - 11000 1101 1101 1101 1101 1101 1101
CITY	STATE ZIP CODE	DF65019019999
		E1 000 100 10000
(Revised 04/2022)		

DECLARATION OF ESTIMATED

DELAWARE

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