

**RETURN WITH INSTALLMENT DUE:**

REV CODE 0004-015

**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):*

NAME OF TRUST OR ESTATE:

NAME OF FIDUCIARY:

TITLE OF FIDUCIARY:

P.O. BOX OR STREET ADDRESS:

CITY

STATE

ZIP CODE

**AMOUNT OF THIS INSTALLMENT:**

\$ 00

**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**



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(Revised 04/2022)

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