

2022 DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Fiduciary Form 400-V

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number

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2. Fiscal Year End

						2022
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3. Amount of the payment you are making

\$

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4. Preparer's Business Phone Number

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5. Name(s)

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Address

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City

State

Zip Code

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(Rev 04/2022)



DF65222019999

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT