DELAWARE FIDUCIARY INCOME TAX RETURN

Fiscal Year To		DF20622019999
CHECK APPLICABLE BOX: INITIAL RETURN	AMENDED RETURN	
NAME OF TRUST OR ESTATE EME	PLOYER IDENTIFICATION NUMBER	FILING STATUS (CHECK ONE): 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 (F 1. FEDERAL TAXABLE INCOME OF FIDUCIARY(FORM 1041, LINE 23)	PLUMN B, LINE 1)	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.
BALANCE (GODINACT LINE TO THOM LINE TO) (GANNOT BE LESS THAN ZERO). STIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS		13.
15. TOTAL CREDITS (ADD LINES 13 AND 14)		15. 16. 17. 18.
19(a). IF LINE 17 IS MORE THAN LINE 12, SUBTRACT LINE 12 FROM LINE 17 (Total O 19(b). ENTER ON LINE 19(b) THE AMOUNT OF OVERPAYMENT TO BE REFUNDED TO 19(c). ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT TO BE APPLIED AS A	YOU	19(a) 19(b) 19(c)
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETU THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLET IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.		
SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE		REPARER BUSINESS PHONE
SIGNATURE OF PAID PREPARER DATE	E PREPARER EMF	PLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1.	INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	1.
	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.
	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 F

	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

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				



DF20622029999

D1 20022023333
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.