

**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):

**AMOUNT OF THIS INSTALLMENT:**

\$

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     
TO    FOR THE TAX YEAR ENDING:**

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_