Tax Year 2019

Page 1

DELAWARE FIDUCIARY INCOME TAX RETURN

	DF20619019999
AMENDED RETURN	
EMPLOYER IDENTIFICATION NUMBER	FILING STATUS (CHECK ONE):
	RESIDENT ESTATE
	NON-RESIDENT ESTATE
	RESIDENT TRUST X

Fiscal Year CHECK APPLICABLE BOX: X INITIAL RETURN NAME OF TRUST OR ESTATE ALICE WONDERLAND FBO CHESHIRE WONDERLAND TRUST NUMBER NAME AND TITLE OF FIDUCIARY WONDERLAND BANK ADDRESS OF FIDUCIARY (NUMBER AND STREET) 27 RED QUEEN WAY

CI [*]	TY STATE ZIP CODE HILADELPHIA PA 19104	NON-RESIDENT TRUST	
N	TE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING	SCHEDULES TO THIS RETURN	ı
1.	FEDERAL TAXABLE INCOME OF FIDUCIARY(FORM 1041, LINE 22)	4489.00	1.
2.	NCOME OF ELECTING SMALL BUSINESS TRUSTS		2.
3.	NET MODIFICATIONS OF ELECTING SMALL BUSINESS TRUSTS (ATTACH SEPARATE SCH. A)		3.
4.	COMBINE LINES 1, 2 AND 3	4489.00	4.
5.	FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM SCHEDULE B, COLUMN B, LINE 1)	805.00	5.
6.	NCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (SCHEDULE C)	4588.00	6.
7.	DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6)	706.00	7.
8.	DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2)		8.
9.	TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACHED)	9.	
10.	TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE		10.
11.	NON-REFUNDABLE CREDITS		11.
12.	BALANCE (SUBTRACT LINE 11 FROM LINE 10) (CANNOT BE LESS THAN ZERO)		12.
13.	ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS	13.	
	OTHER PAYMENTS (INCLUDE REAL ESTATE ESTIMATED TAXES ON THIS LINE).	14.	
15.	TOTAL CREDITS (ADD LINES 13 AND 14)		15.
16.	PREVIOUS REFUNDS	16.	
17.	NET REFUNDABLE CREDITS (SUBTRACT LINE 16 FROM LINE 15)		17.
18.	F LINE 12 IS MORE THAN LINE 17, SUBTRACT LINE 17 FROM LINE 12PAY IN FULL>		18.
19(a	. IF LINE 17 IS MORE THAN LINE 12, SUBTRACT LINE 12 FROM LINE 17 (Total Overpayment)		19(a
19(b	ENTER ON LINE 19(b) THE AMOUNT OF OVERPAYMENT TO BE REFUNDED TO YOU		19(b
19(c	. ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT		19(c
	IDED DENALTIES OF DED HIDV I DECLADE THAT LUAVE EVAMINED THIS DETUDAL INCLUDING ACCOMPANIVING SC	LIEDLILEO AND CTATEMENTO AND T	_

UNDER PENALTIES OF PERJURY. I DECLARE THAT I HAVE EXAMINED THIS RETURN. INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS. AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY	DATE	PREPARER BUSINESS PHONE
SIGNATURE OF PAID PREPARER	DATE	PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS OF PREPARER MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1.	INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	410.00	1.
2.	OTHER ADJUSTMENTS		2.
3.	STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)		3.
4.	TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	410.00	4.
	SUBTRACTIONS		
5.	INTEREST ON U.S. OBLIGATIONS	5.00	5.
6.	OTHER ADJUSTMENTS		6.
7.	TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)	5.00	7.
8.	NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON SCHEDULE B, COLUMN B, LINE 6	805.00	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.	011123456	\$ 2406.00		\$ 805.00
2.				
3.				
4.				
5.				
6. TOTAL		\$	100%	\$ 805.00

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

	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
2344	4854.00	4854.00	266.00	4588.00	1/1/15-12/31/1 5	33.00	1514.00
2347	4854.00	4854.00	266.00	4588.00	1/1/15/12/31/15	33.00	1514.00
2348	4854.00	4861.00	273.00	4588.00	1/1/15-12/31/1 5	33.00	1560.00
DEDUCTIONS FOR INC	OME ACCUMULATED I	FOR NON-RESIDENT BI	ENEFICIARIES (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 AN	ID OVER					



DF20019029999
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.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY

SIGNATURE OF PAID PREPARER

PREPARER BUSINESS PHONE

PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER

DELAWARE FIDUCIARY INCOME TAX RETURN

CHECK APPLICABLE BOX: X INITIAL RETURN	AMENDED RETURN		
NAME OF TRUST OR ESTATE MT WILSON	EMPLOYER IDENTIFICATION NUMBER	FILING STATUS (CHECK ONE):	
TRUST NUMBER		RESIDENT ESTATE	
NAME AND TITLE OF FIDUCIARY TEST		NON-RESIDENT ESTATE	
ADDRESS OF FIDUCIARY (NUMBER AND STREET) 1 SUSSEX CT		RESIDENT TRUST	
CITY STATE ZIP CODE LEWES DE 19958		NON-RESIDENT TRUST	
FIDUCIA DV'S SUADE OF DELAMADE MODIFICATIONS (FDOM SOL	IEDLILE D. COLLIMN D. LINE 4)	900 00) 4.) 5
FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM SCI INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6)	CHEDULE C)	809.00 291.00	5. 6.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH	CHEDULE C)		5. 6. 7. 8.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH) TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE	CHEDULE C)	291.00 0.00	5. 6. 7.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH). TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE	CHEDULE C)	291.00 0.00 9.	5. 6. 7. 8. 10.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH) TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE	CHEDULE C)	9. 291.00 0.00 9.) 5. 6.) 7.) 8. 10. 11. 12.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH) TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE	CHEDULE C)	291.00 0.00 9. 13. 14. 480.00 16.	5. 6. 7. 8. 10. 11. 12. 15. 17. 18. 18.
INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (S DELAWARE TAXABLE INCOME (LINE 4 PLUS/MINUS LINE 5 & 6) DELAWARE TAX (COMPUTE FROM TAX RATE SCHEDULE, PAGE 2 TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACH). TOTAL TAX - ADD LINES 8 AND 9 AND ENTER HERE	CHEDULE C)	291.00 0.00 9. 13. 14. 480.00	5. 6. 7. 8. 10. 11. 12. 12. 15. 19() 17. 18. 19() 19() 19()

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE				
3. STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)	1.	INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE		1.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	2.	OTHER ADJUSTMENTS		2.
SUBTRACTIONS 5. INTEREST ON U.S. OBLIGATIONS	3.	STATE INCOME TAX ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS)	809.00	3.
5. INTEREST ON U.S. OBLIGATIONS	4.	TOTAL ADDITIONS (ADD LINES 1, 2, AND 3)	809.00	4.
6. OTHER ADJUSTMENTS		SUBTRACTIONS		
7. TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)	5.	INTEREST ON U.S. OBLIGATIONS		5.
8. NET DELAWARE MODIFICATIONS (SUBTRACT LINE 7 FROM LINE 4). ENTER HERE AND ON	6.	OTHER ADJUSTMENTS		6.
, , , , , , , , , , , , , , , , , , , ,	7.	TOTAL SUBTRACTIONS (ADD LINES 5 AND 6)		7.
	8.	· · · · · · · · · · · · · · · · · · ·	809.00	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. CHARLES TEST	888899901	\$ 0.00	100.00	\$ 809.00
2.				
3.				
4.				
5.				
6. TOTAL		\$ 0.00	100%	\$ 809.00

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY (IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

Column A Column B Column C Column D Column E Column F Column G Amount of Column A, From Delaware Source Schedule B, Column B Dates, Resided Outside Delaware Last Four Digits of Beneficiary's FFIN Multiply Column D Amount from Schedule B. Col A Column A, Plus or

	Beneficiary's FEIN	Schedule B, Col A	(Information Only)	Schedule B, Column B	Minus Column C	Outside Delaware	by Column F
C	DEDUCTIONS FOR INC	OME ACCUMULATED I	FOR NON-RESIDENT B	ENEFICIARIES (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						



DI 200 19029999
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.

DELAWARE FIDUCIARY INCOME TAX RETURN

Fiscal Year	MM DD Y	YY _{To}	MM DD Y		DF20619019999		
CHECK APPLI	ICABLE BOX:	X INITIAL F	RETURN	AMENDED RETURN			
NAME OF TRUST	OR ESTATE			EMPLOYER IDENTIFICATION NUMBER	FILING STATUS (CHECK	(ONE):	
MT WILSON ON	E						
TRUST NUMBER					RESIDENT ESTATE		
NAME AND TITLE TEST	OF FIDUCIARY				NON-RESIDENT ESTATE		
ADDRESS OF FID	OUCIARY (NUMBER AND TREET - 4th FL	STREET)			RESIDENT TRUST	×	
CITY PHILADELPHIA		STATE PA	ZIP CODE 19103		NON-RESIDENT TRUST		
		•	,			1100.00	1. 2.
2. INCOME OF EL	ECTING SMALL BUSINI	ESS TRUSTS	······				2.
3. NET MODIFICA	TIONS OF ELECTING S	MALL BUSINESS	S TRUSTS (ATTACH SI	EPARATE SCH. A)			3.
4. COMBINE LINE	S 1, 2 AND 3					1100.00	4.
5. FIDUCIARY'S S	HARE OF DELAWARE I	MODIFICATIONS	(FROM SCHEDULE B	, COLUMN B, LINE 1)		809.00	5.
6. INCOME ACCU	MULATED FOR NON-RE	ESIDENT BENEF	ICIARIES (SCHEDULE	C)			6.
7. DELAWARE TAX	XABLE INCOME (LINE 4	PLUS/MINUS LI	INE 5 & 6)			291.00	7.
B. DELAWARE TAX	X (COMPUTE FROM TA	X RATE SCHEDU	JLE, PAGE 2)				8.
9. TAX ON LUMP S	SUM DISTRIBUTIONS (I	FORM 329 MUST	Γ BE ATTACHED)		9.		
10. TOTAL TAX - AD	DD LINES 8 AND 9 AND	ENTER HERE					10.
11. NON-REFUNDA	BLE CREDITS						11.
12. BALANCE (SUB	STRACT LINE 11 FROM	LINE 10) (CANNO	OT BE LESS THAN ZE	RO)			12.
13. ESTIMATED TA	X PAID AND PAYMENTS	WITH EXTENS	IONS		13.		
14. OTHER PAYME	NTS (INCLUDE REAL E	STATE ESTIMAT	ED TAXES ON THIS LI	NE).	14.		
15. TOTAL CREDIT	S (ADD LINES 13 AND 1	4)				480.00	15.
16. PREVIOUS REF	UNDS				16.		
17. NET REFUNDA	BLE CREDITS (SUBTRA	ACT LINE 16 FRO	OM LINE 15)			480.00	17.
18. IF LINE 12 IS M	ORE THAN LINE 17, SU	BTRACT LINE 1	7 FROM LINE 12	PAY IN FULL>			18.
19(a). IF LINE 17 IS	MORE THAN LINE 12, S	SUBTRACT LINE	12 FROM LINE 17 (To	al Overpayment)		480.00	19(a
10/h) ENTED ON LI	NE 10/b) THE AMOUNT	OE OVEDDAVM	ENT TO BE DEELINDE	D TO VOLL		480.00	10/h

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

19(c). ENTER ON LINE 19(c) THE AMOUNT OF OVERPAYMENT.....

	MM	DD	YY				
SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY		DATE			PREPAR	ER BUSINESS	PHONE
	MM	DD	YY				
SIGNATURE OF PAID PREPARER		DATE			PREPARER EMPLOYER	R ID OR SOCIA	AL SECURITY NUMBER
OTDEET ADDRESS OF DDEDADED				OIT) (OTATE	710

480.00 19(c).

CHEDI II E A DELAMADE MODIFICATIONS AND AD ILISTMEI

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1.	INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE	1.
2.	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.
8.	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.	888899901	0.00	100.00	809.00
3.				
4.				
5.				
6. TOTAL		\$ 0.00	100%	\$ 809.00

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

	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
EDUCTIONS 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						



DF20619029999

DI 20019029999
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.

DELAWARE FORM 400-EX

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

5E RETURN WITH INSTALLMENT DUE: APR 30, 2020

TO OCTOBER 15, 2020 (OR FISCAL YEAR, FROM TO MM DD YY FOR THE TAX YEAR ENDING: MM DD YY

FILE THIS FORM ONLY IF YOU	2019			
EMPLOYER IDENTIFICATION NUMBER	2 :		AMOUNT OF	THIS INSTALLMENT:
TRUST NUMBER:	FISCAL YEAR END DA (Fiscal Year Filers Only			100 00
NAME OF TRUST OR ESTATE: NAME OF FIDUCIARY:			AND 2019 FORM 40	E TRUST'S OR ESTATE'S EIN 00-ES ON YOUR CHECK OR NEY ORDER.
TITLE OF FIDUCIARY:			DELAWARE D	PAYABLE AND MAIL TO: IVISION OF REVENUE LMINGTON, DE 19899-2044
P.O. BOX OR STREET ADDRESS:				
CITY I REQUEST AN AUTOMATIC	STATE ZIP CO		DF65	116019999

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE

REV CODE 0007-25

DELAWARE FORM 400-EX

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

5E RETURN WITH INSTALLMENT DUE: APR 30, 2020

TO OCTOBER 15, 2020 (OR FISCAL YEAR, FROM TO $\overline{\text{MM}}$ $\overline{\text{DD}}$ $\overline{\text{YY}}$ FOR THE TAX YEAR ENDING: $\overline{\text{MM}}$ $\overline{\text{DD}}$ $\overline{\text{YY}}$

FILE THIS FORM ONLY IF YOU ARE N	2019			
EMPLOYER IDENTIFICATION NUMBER:				
			AMOUNT O	F THIS INSTALLMENT:
TRUST NUMBER:	FISCAL YEAR END DATE (Fiscal Year Filers Only):		\$	2500 00
NAME OF TRUST OR ESTATE: NAME OF FIDUCIARY:			AND 2019 FORM	HE TRUST'S OR ESTATE'S EIN 400-ES ON YOUR CHECK OR ONEY ORDER.
TITLE OF FIDUCIARY:			DELAWARE	K PAYABLE AND MAIL TO: EDIVISION OF REVENUE WILMINGTON, DE 19899-2044
P.O. BOX OR STREET ADDRESS:				
CITY	STATE ZIP CODE	-		
I REQUEST AN AUTOMATIC EXTEN	SION OF TIME TO FILE DE FORM 400		DF	55116019999

SIGNATURE OF FIDUCIARY OFFICER OR REPRESENTATIVE

REV CODE 0007-25