

2019

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

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number <input type="text"/>		2. Fiscal Year End <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="2019"/>		3. Amount of the payment you are making \$ <input type="text"/>
4. Preparer's Business Phone Number <input type="text"/>		5. Name(s) <input type="text"/>		
		Address <input type="text"/>		
		City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

(Rev 03/2019)



DF65219019999

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT