

**DELAWARE** **2024**  
 DIVISION OF REVENUE F O R M  
 FID-EST  
**DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX  
 FORMERLY 400-ES**

Taxpayer ID

Tax Year **2024**

Quarter

Due By

Fiscal Year End

Name of Trust or Estate

Name of Fiduciary

1. **AMOUNT OF THIS INSTALLMENT**

.00

Title of Fiduciary

2. **AMOUNT OF THIS INSTALLMENT PAYMENT**


.00

Street Address

City

State

Zip Code

**MAIL COMPLETED FORM WITH  
 REMITTANCE PAYABLE TO:**   
 Delaware Division of Revenue  
 PO Box 2044  
 Wilmington, DE 19899-2044

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

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

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

