



DELAWARE 2024

DIVISION OF REVENUE FORM

DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX FORMERLY 400-ES



Taxpayer ID

Tax Year **2024** Quarter Due ByFiscal Year End

Name of Trust or Estate

Name of Fiduciary

Title of Fiduciary

Street Address

City State Zip Code

--	--	--

1.	AMOUNT OF THIS INSTALLMENT	\$.00
2.	AMOUNT OF THIS INSTALLMENT PAYMENT	\$.00

**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

