



**DELAWARE** **2024**  
 DIVISION OF REVENUE F O R M FID-VCH  
 ELECTRONIC FILER FIDUCIARY PAYMENT VOUCHER



1	Taxpayer ID	2	Fiscal Year End (MM-DD-YYYY)	3	Amount of the Payment
	<input type="text"/>		<input type="text"/>	\$	<input type="text"/> .00


4 Preparer's Business Phone Number

5 Estate or Trust Name

Street Address

City  State  Zip Code

**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.

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

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

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

