2022 MICHIGAN Fiduciary Income Tax ReturnIssued under authority of Public Act 281 of 1967, as amended. Penalty and interest apply for failure to file (see instructions).

| Type | or print in blue or black ink. | | | | | | |
|------------|---|---------------------|-------------------------------|--------------|-----------------|------------------------|------------------|
| | | _ | | | OFFICE USE ONLY | | |
| Į | Amended return Final return | | | a. | | | |
| | | | | b. | | | |
| 4 - | or 2022, or toyohlo your honinging | 202 | 2 , and e | nding [| | | |
| 1. F | or 2022, or taxable year beginning | <u>- 202.</u> 22 | <u>z</u>] , and e | illuling _ | | MM-DD-YYYY | · |
| PΔR | 1: NAME AND IDENTIFICATION | | | | | | |
| | ne of Estate or Trust | | | ; | B. Federal E | mployer Identification | on Number (FEIN) |
| | | | | | | | |
| 4a. Na | me of Fiduciary | 4b. Title o | f Fiduciary | | | Estate Inform | ation |
| | | | | 5 | a. County | | |
| 4 0 | (Fil. : Al. Cl. BO.B.) | | | <u>_</u> | | E'I N | |
| 4c. Ad | dress of Fiduciary (Number, Street, or P.O. Box) | | | [| b. Probate | File No. | |
| 4d Ci | y or Town | 4e. State | 4f. ZIP Code | 2 1 | Sc Date of I | Death (MM-DD-YYY | Υ) |
| 4u. Oi | y or lown | 4e. Otate | 41. 211 0000 | · [` | oc. Date of t | Jean (MM-DD-111 | 1) |
| 6 F | esidency Status of Estate or Trust | | <u></u> | | | | |
| 0. | a. Resident Estate c. Resident Trust | * If | you check bo | x "b" | | Trust Inform | ation |
| | | or l | oox "d," you m | nust - | 7. Date Trus | st Was Created (MM | 1-DD-YYYY) |
| ſ | b. Nonresident Estate * d. Nonresident Trust * | | nplete and inc 1041 Schedu | | | | |
| ٠ | | | | | | | |
| | | | | | | | |
| PAR | 2: INCOME AND ADJUSTMENTS (Include a copy o | f your U. | S. Form <i>10</i> - | 41 and sup | porting s | chedules.) | |
| | Federal taxable income of fiduciary (from U.S. Form 1041 o | | , | | | | 00 |
| 9. | Federal taxable income of Electing Small Business Trust (fr | rom ESB | Γ Tax Work | sheet) | 9. | | 00 |
| | Fiduciary's share of Michigan net adjustments (from Sched | | | | | | |
| | Schedule 1, line 40) | | | | | | 00 |
| | Capital gain or (loss) adjustment for resident estates or trus | • | | , | | | 00 |
| | Taxable income. Combine lines 8 through 11 or enter amount | | | | | | 00 |
| | Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a negated: CREDITS AND PAYMENTS | uve numi | | | 3 13. | Cred | 00 |
| | Income tax paid to another state (include copy of return). 14 | 。 | Amount | | 0 14b. | | 00 |
| | Michigan Historic Preservation Tax Credit 15 | | | | 0 15b. | | 00 |
| | Total nonrefundable credits. Add 14b and 15b | | | | 16. [| | 00 |
| | | | | | | | |
| 17. | Income tax. Subtract line 16 from line 13. If line 16 is greate | er than 13 | 3, enter "0" | | 17. | | 00 |
| 18. | Michigan Historic Preservation Tax Credit (refundable) | | | | 18. | | 00 |
| 19. | Credit for allocated share of tax paid by an electing flow-thr | ough ent | ity (see ins | tructions) | 19. | | 00 |
| 20. | Income tax withheld (include MI-1041 Schedule W) | | | | 20. | | 00 |
| | Michigan estimated tax and extension payments | | | | | | 00 |
| 22. | 2021 overpayments credited to 2022 | | | | 22. | | 00 |
| | 2022 AMENDED RETURNS ONLY . Taxpayers completing | | | | | | |
| | to line 24. Enter refund and/or credit forward on the original r | | | | | | |
| | amount paid with the original return as a positive number, or "0 | J" if applic | able (see in | nstructions) | 23. | <u> </u> | 00 |
| 24 | Total Refundable Credits and Payments. Add lines 18 the | rough 22 | | | 24 | | |
| | 10 tal Refundable Credits and Payments. Add lines to the | rougn 23 | | ••••• | 24 | | 00 |
| | If line 24 is less than line 17 enter TAX DUE. | | | | | | |
| | Include interest and penalty | if a | nnlicable | PAY | 25 | | 00 |
| | and policity | " ^a | | 1711 | | | |
| 26. | If line 24 is greater than line 17, enter overpayment | | | | 26. | | 00 |
| | | | | | | | İ |
| 27. | Amount of line 26 to be credited to your 2023 fiduciary retui | rn | | | 27. | L | 00 |
| | | | | | | | |
| 28. | Subtract line 27 from line 26 | | I | REFUND | 28 | | 00 |

SCHEDULE 1: NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

| | gan Department of Treasury | | eck and return to: | Preparer's Business Name, A | | ber | |
|--|---|---------------------|---|--|----------------|-----|--|
| This return is due April 18, 2023, or on the 15th day of the fourth month after the close of the tax year. WITHOUT PAYMENT: Mail return to: WITH PAYMENT: Pay amount on | | | | Preparer's Business Name, Address and Telephone Number | | | |
| Thie | By checking this box, I authorize Treas | | Preparer's Name (print or type) Preparer's Signature | | | | |
| Signature of Fiduciary or Officer Representing Fiduciary | | | Date | Preparer's PTIN, FEIN or SSN | | | |
| I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | | | | I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | | | |
| | IATURES AND DECLARATION | | | T | | | |
| | Explain changes to income, deduction I.S. Form 1041 and all supporting so | | Show computations in c | letail and include a copy | of the amended | | |
| | LANATION OF CHANGES. If fil | _ <u></u> | | | | | |
| | Net Michigan Adjustment. Subtrabeneficiaries, carry this amount to | act line 39 from li | ine 34. If no distribution | n to | | 00 | |
| 39. | Total Subtractions. Add lines 35 t | hrough 38 | | 39. | | 00 | |
| 38. | Other (Include supporting docume | ntation) Describe | e: | | 38. | 00 | |
| 37. | Expenses related to obligations of oth | er states not dedu | ucted on U.S. Form <i>104</i> | 1 | 37 | 00 | |
| 36. | Income attributable to another state Explain type and source: | | | | 36 | 00 | |
| | Income from U.S. government bon federal taxable income | | | | 35. | 00 | |
| | ractions | | | _ | | | |
| | Total additions. Add lines 29 thro | | | | | 00 | |
| 33. | Other (Include supporting docume | ntation) Describe |) : | | 33. | 00 | |
| | Expenses and interest incurred in obligations on U.S. Form 1041 | production of inc | ome from U.S. govern | ment | 32. | 00 | |
| 31. | Expenses included on U.S. Form 1 | | , | | | 00 | |
| 30. | Deduction for taxes imposed on or measured by income taken on U.S. Form 1041 and allocate share of tax paid by an electing flow-through entity (see instructions) | | | | | 00 | |
| | Gross interest and dividends from or their political subdivisions | | 29. | 00 | | | |
| Addit | ions | | | | | | |

Make check payable to "State of Michigan" and write the estate's or trust's FEIN and "2022 MI-1041" on the front of the check.

Detroit, MI 48278

Instructions: Complete Schedules 2, 3 and 4 as applicable. If additional space is needed, complete the *Michigan Fiduciary Income Tax Information Continuation Schedule* (Form 5680).

SCHEDULE 2: BENEFICIARY IDENTIFICATION

| Nan | A ne and Residency Status R= Resident NR= Nonresident | | B Address (Number, Street, Apt. #, City, State, ZIP Code) | C Social Security number or FEIN |
|----------|--|---|---|--|
| Example: | Joseph Smith | R | 123 Main Street, Anywhere, MI 12345 | 111-11-1111 |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |

SCHEDULE 3: ALLOCATION OF NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

Complete Schedule 3 only if adjustments were entered on Schedule 1.

| | A Federal Distributable Net Income | | | | C Allocation of Net |
|---|---|---------------------------|--------|----------------------------|--|
| Beneficiary Identification from Schedule 2 | Type of Income (Dividend, Interest, Rent, etc.) | Location (City, State) | Amount | of Amoun in Column A | Michigan Adjustment (Multiply amount on line |
| a. | | | | | % |
| b. | | | | | % |
| C. | | | | (| % |
| d. | | | | | % |
| 42. Fiduciary's S | | | % | | |
| 43. Total. Include | 43. Total. Include amounts from Form 5680 (if applicable) | | | | % |

SCHEDULE 4: CAPITAL GAIN OR (LOSS) DISTRIBUTED TO BENEFICIARIES WHEN FORM MI-1041D IS FILED

Schedule 4 must be completed for resident or nonresident estates and trusts if capital gains/losses were distributed to beneficiaries and a Michigan Adjustments of Capital Gains and Losses (Form MI-1041D) was filed.

| Beneficiary Identification from Schedule 2 | A Federal Gain or (Loss) | B Michigan Gain or (Loss) |
|--|---------------------------------------|--|
| a. | | |
| b. | | |
| C. | | |
| d. | | |
| 44. Total. Include amounts from Form 5680 (if applicable) | | |