2024 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				
	Amended return Final return			a.					
				b.					
1 1	For 2024, or taxable year beginning	- 202	4 , and ei	ndina [
1. 1	MM-DD-202		<u>+ </u> , and ei	iding L		MM-DD-YYYY	·		
PAR	T 1: NAME AND IDENTIFICATION								
	me of Estate or Trust				3. Federal	Employer Identific	ation Number (FEIN)		
4a. N	ame of Fiduciary	4b. Title o	f Fiduciary	-		Estate Info	rmation		
					5a. County	/			
4c A	ddress of Fiduciary (Number, Street, or P.O. Box)				5b. Probat	te File No			
10.71	values of Fladelary (Hallison, Greek, of F.G. 250)				05.11054	.0 1 110 140.			
4d. C	ity or Town	4e. State	4f. ZIP Code		5c. Date o	f Death (MM-DD-Y	YYY)		
							·		
6. 1	Residency Status of Estate or Trust					Toward Indian	45		
	a. Resident Estate c. Resident Trust		you check box			Trust Infor	mation		
			box "d," you mo mplete and incl		7. Date Ti	rust Was Created (MM-DD-YYYY)		
	b. Nonresident Estate * d. Nonresident Trust *	MI	-1041 Schedul	e NR.					
	TO INCOME AND AD HIGHMENTO (4.				
	T 2: INCOME AND ADJUSTMENTS (Include a copy of Federal taxable income of fiduciary (from U.S. Form 1041 o	-		-	-	scnedules.)	00		
	Federal taxable income of Electing Small Business Trust (se		,			9.	00		
	Fiduciary's share of Michigan net adjustments (from Schedu		,		•••••	"· 	100		
10.	Schedule 1, line 40)				10). l	00		
11.	Capital gain or (loss) adjustment for resident estates or trus						00		
	Taxable income. Combine lines 8 through 11 or enter amount 1	•		,			00		
13.	Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a negat	tive numb	oer, enter "0	on line 1	3 13	3.	00		
PAR	T 3: CREDITS AND PAYMENTS		Amount		_	C	redit		
	Income tax paid to another state (include copy of return). 14a				<u>00</u> 141		00		
	Michigan Historic Preservation Tax Credit		00 <u>15</u> 1	ɔ.	00				
16.	Total nonrefundable credits. Add 14b and 15b				16		00		
17	Income tay Cultivast line 16 from line 12. If line 16 is greate	orthan 1	ontor "O"		17		00		
	Income tax. Subtract line 16 from line 13. If line 16 is greate Michigan Historic Preservation Tax Credit (refundable)						00		
	Credit for allocated share of tax paid by an electing flow-thro						00		
	Income tax withheld (include MI-1041 Schedule W)	-	- '				00		
	Michigan estimated tax and extension payments						00		
	2023 overpayments credited to 2024					2.	00		
23.	2024 AMENDED RETURNS ONLY. Taxpayers completing	an origin	al 2024 retu	ırn should	skip				
	to line 24. Enter refund and/or credit forward on the original re								
	amount paid with the original return as a positive number, or "0	o" if applic	able (see in	structions)	23	3.	00		
- 4									
	Total Refundable Credits and Payments. Add lines 18 thr	rough 23			24		[00]		
	T 4: TAX DUE OR REFUND If line 24 is less than line 17 enter TAX DUE.								
25.	Include interest and penalty		pplicable	DΔV	25		00		
	Indiado intorestand penalty	ı ıı a	hhiinanic	1 🔼	²				
26.	If line 24 is greater than line 17, enter overpayment				26.		00		
	, , , , , , , , , , , , , , , , , , , ,								
27.	Amount of line 26 to be credited to your 2025 fiduciary retur	rn			27	7.	00		
28.	Subtract line 27 from line 26		F	REFUND	28.		00		

SCHEDULE 1: NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

Michigan Department of Treasury P.O. Box 30058 Lansing, MI 48909 Department 78 P.O. Box 78000		artment of Treasury					
This return is due April 15, 2025, or on the 15th day of the fourth montl after the close of the tax year. WITHOUT PAYMENT: Mail return to: WITH PAYMENT: Pay amount on			I T: Pay amount on	Preparer's Business Name, Address and Telephone Number			
This	By checking this box, I authorize Trease		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.			
	NATURES AND DECLARATION			L			
	Explain changes to income, deductio J.S. Form <i>1041</i> and all supporting so		how computations in c	etail and include a copy	of the amended		
	LANATION OF CHANGES. If fil	_ <u></u>					
40.	Net Michigan Adjustment. Subtrabeneficiaries, carry this amount to					00	
39.	Total Subtractions. Add lines 35 t	39.		00			
38.	Other (Include supporting documer	ntation) Describe):		38.	00	
37.	Expenses related to obligations of oth	er states not dedu	ucted on U.S. Form 104	1	37.	00	
36.	Income attributable to another state Explain type and source:				36.	00	
35.	ractions Income from U.S. government bon federal taxable income				35.	00	
		.g., 00		····		100	
	Total additions. Add lines 29 through				55.]	00	
33	Other (Include supporting documer				33.	00	
	Expenses included on U.S. Form 7 Expenses and interest incurred in pobligations on U.S. Form 1041	production of inc	ment	31.	00		
21	share of tax paid by an electing flow-through entity (see instructions)				30.	00	
30.	or their political subdivisions				29.	00	
	tions Gross interest and dividends from						
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Make check payable to "State of Michigan" and write the estate's or trust's FEIN and "2024 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

Nam	A e 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				age	C Allocation of Net
Beneficiary Identification from Schedule 2	Type of Income (Dividend, Interest, Rent, etc.)	Location (City, State)	Amount	of Amou in Column	unt	Michigan Adjustment (Multiply amount on line 40 by percentage in Column B.)
a.					%	
b.					%	
C.					%	
d.					%	
42. Fiduciary's S	42. Fiduciary's Share				%	
43. Total. Include	43. Total. Include amounts from Form 5680 (if applicable)			100	%	

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)		