



**PART 2B: MEMBER DATA FOR COMBINED RETURN**

Complete a separate copy of Part 2B for each UBG member listed in Part 1. Add the amount on line 24 for all members and carry the total to Form 4590, line 19. See instructions for additional guidance on completing Form 4752 and Form 4590.

4. Member Name			7. Organization Type	
5. Member FEIN or TR Number			<input type="checkbox"/> Fiduciary	<input type="checkbox"/> S Corporation / LLC S Corporation
6. Member Address (Street)			<input type="checkbox"/> C Corporation / LLC C Corporation	<input type="checkbox"/> Partnership / LLC Partnership
City	State	ZIP/Postal Code		
8. Federal Tax Period Included in Return (MM-DD-YYYY) .....	Beginning	Ending	12. <input type="checkbox"/> Check if Nexus with Michigan	
9. If part year member, enter membership dates (MM-DD-YYYY) .....			13. <input type="checkbox"/> Check if Registered for MBT	
10. NAICS Code	11. If discontinued, effective date		14. <input type="checkbox"/> Check if New Member	
15. Nature of business activities or operations resulting in a flow of value between members, or integration, dependence or contribution to other members				

**FRANCHISE TAX BASE — Lines 16 and 18-20: If less than zero, enter zero.**

		A 2021	B 2022	C 2023	D 2024	E 2025
16. Equity Capital .....	16.					
17. Eliminations (enter as a positive number) .....	17.					
18. Goodwill .....	18.					
19. Average daily book value of Michigan obligations .....	19.					
20. Average daily book value of U.S. obligations .....	20.					
21. Subtract lines 17, 18, 19, and 20 from line 16 .....	21.					
22. a. Authorized insurance co. subsidiary: enter actual capital fund amount .....	22a.					
b. Minimum regulatory amount required .....	22b.					
c. Multiply line 22b by 125% (1.25) .....	22c.					
d. Subtract line 22c from 22a. If less than zero, enter zero .....	22d.					
23. Add lines 21 and 22d .....	23.					
24. Add lines 23A, 23B, 23C, 23D and 23E .....	24.					00
25. Net Capital for Current Taxable Year. Divide line 24 by number of tax years reported above .....	25.					00

Designated Member FEIN or TR Number  
Member FEIN or TR Number


**CREDIT CARRYFORWARDS AND PAYMENTS.** See instructions

26. There is no amount to be entered on this line. Skip to line 28.....	26.	X X X X X X X X	00
27. There is no amount to be entered on this line. Skip to line 28.....	27.	X X X X X X X X	00
28. Unused MBT Basic/Enhanced Historic Preservation Credit carryforward.....	28.		00
29. Unused MBT Special Consideration Historic Preservation Credit carryforward.....	29.		00
30. Unused MBT Individual or Family Development Credit carryforward.....	30.		00
31. Unused MBT Brownfield Redevelopment Credit carryforward.....	31.		00
32. Unused MBT Film Infrastructure Credit carryforward.....	32.		00
33. Overpayment credited from prior MBT return.....	33.		00
34. Estimated tax payments.....	34.		00
35. There is no amount to be entered on this line. Skip to line 36.....	35.	X X X X X X X X	00
36. Tax paid with request for extension.....	36.		00

