

PART 2B: MEMBER DATA FOR COMBINED RETURN — Complete a separate copy of Part 2B for each UBG member listed in Part 1.

| | | | | | | |
|---|--|--|-----------------------|--|---|---|
| 4. Member Name | | | Member FEIN | | | |
| <input type="checkbox"/> Check if the equity of this UBG member is <u>not included</u> in the Federal Financial Institutions Examination Council (FFIEC) report. If checked, complete line 5 through line 13 and line 20 through line 25, and <u>do not complete</u> line 14 through line 19. (See instructions.) | | | | | | |
| 5. Member Address (Street) | | | 10. Organization Type | | | |
| City | | State | ZIP/Postal Code | | <input type="checkbox"/> Fiduciary | <input type="checkbox"/> S Corporation / LLC S Corporation |
| 6. Federal tax period included in return (MM-DD-YYYY)..... | | Beginning | Ending | | <input type="checkbox"/> C Corporation / LLC C Corporation | <input type="checkbox"/> Partnership / LLC Partnership |
| 7. If part year member, enter membership dates (MM-DD-YYYY) | | | | | 11. <input type="checkbox"/> Check if nexus with Michigan. | 12. <input type="checkbox"/> Check if new member. |
| 8. NAICS Code | | 9. If a Final Return, Enter Effective End Date | | 13. <input type="checkbox"/> Check if member only by Affiliated Group Election | | |

FRANCHISE TAX BASE

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|--|-----|--|----|
| 14. Average daily book value of MI obligations. If less than zero, enter zero..... | 14. | | 00 |
| 15. Average daily book value of U.S. obligations. If less than zero, enter zero..... | 15. | | 00 |
| 16. Authorized insurance company subsidiary: enter actual capital fund amount..... | 16. | | 00 |
| 17. Minimum regulatory amount required..... | 17. | | 00 |
| 18. Multiply line 17 by 125% (1.25) | 18. | | 00 |
| 19. Enter the lesser of line 16 or line 18 | 19. | | 00 |

MEMBER GROSS BUSINESS

| | | | |
|--|-----|--|----|
| 20. Michigan Gross Business. Sum line 20 entries of all UBG members and carry total to Part 2A, line 2A..... | 20. | | 00 |
| 21. Total Gross Business. Sum line 21 entries of all UBG members and carry total to Part 2A, line 3A..... | 21. | | 00 |

PAYMENTS.

| | | | |
|---|-----|--|----|
| 22. Overpayment credited from prior period return (MBT or CIT) | 22. | | 00 |
| 23. Estimated tax payments | 23. | | 00 |
| 24. Tax paid with request for extension | 24. | | 00 |
| 25. Michigan tax withheld or Flow-Through Entity credit (see instructions)..... | 25. | | 00 |

PART 3: AFFILIATES EXCLUDED FROM THE COMBINED RETURN OF FINANCIAL INSTITUTIONS

List every entity, with or without nexus, that meets the ownership test but is excluded from this return for one of the reasons listed in the instructions for Line 26D. See instructions. If an entity listed here is part of a federal consolidated group, attach a copy of federal Form 851.

| 26. A Number From Federal Form 851 (if applicable) | B Name | C FEIN | D Reason Code for Exclusion | E Check (X) if Nexus with Michigan | F NAICS Code |
|---|-----------|-----------|--------------------------------------|---|-----------------|
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PART 4: PERSONS INCLUDED IN THE PRIOR COMBINED RETURN, BUT EXCLUDED FROM CURRENT RETURN

List each member included in the immediately preceding combined return of this DM that is not included on the return supported by this form. An entity that satisfies the criteria of Part 3 and Part 4 should be listed in each part. See the instructions for Line 27C for a list of reason codes.

| 27. A Name | B FEIN | C Reason This Entity Is Not on Current Return |
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PART 5: PERSONS INCLUDED IN THE FEDERAL FINANCIAL INSTITUTIONS EXAMINATION COUNCIL (FFIEC) REPORT THAT ARE NOT MEMBERS OF THE UBG

If a company is included in the top-tiered parent entity's FFIEC report (that company's equity is included as part of the total equity capital of the return supported by this form), yet that company does not meet either the control test or relationship test required to be a UBG member, list that company here. (See instructions.)

| 28. A Person Name | B FEIN |
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