

Federal Employer Identification Number (FEIN)

SCHEDULE 1: NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

Additions

28. Gross interest and dividends from obligations issued by states other than Michigan or their political subdivisions.....	28.		00
29. Taxes imposed on or measured by income deducted on U.S. Form 1041.....	29.		00
30. Expenses included in U.S. Form 1041 attributable to income from sources outside of Michigan ...	30.		00
31. Expenses and interest incurred in production of income from U.S. government obligations on U.S. Form 1041.....	31.		00
32. Other (Include supporting documentation) Describe: _____	32.		00
33. Total additions. Add lines 28 through 32	33.		00

Subtractions

34. Income from U.S. government bonds and other obligations to the extent included in federal taxable income	34.		00
35. Income attributable to another state. Explain type and source: _____	35.		00
36. Expenses related to obligations of other states not deducted on U.S. Form 1041	36.		00
37. Other (Include supporting documentation) Describe: _____	37.		00
38. Total Subtractions. Add lines 34 through 37	38.		00
39. Net Michigan Adjustment. Subtract line 38 from line 33. If no distribution to beneficiaries, carry this amount to line 10. Otherwise, complete Schedules 2 and 3	39.		00

EXPLANATION OF CHANGES. If filing an amended return, complete this section.

40. Explain changes to income, deductions and credits. Show computations in detail and include a copy of the amended U.S. Form 1041 and all supporting schedules.

SIGNATURES AND DECLARATIONS

<i>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>		<i>I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</i>	
Signature of Fiduciary or Officer Representing Fiduciary	Date	Preparer's PTIN, FEIN or SSN	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Name (print or type)	
<p>This return is due April 15, 2021, or on the 15th day of the fourth month after the close of the tax year.</p> <p>WITHOUT PAYMENT: Mail return to: Michigan Department of Treasury P.O. Box 30058 Lansing, MI 48909</p> <p>WITH PAYMENT: Pay amount on line 24. Mail check and return to: Michigan Department of Treasury Department 781041 P.O. Box 78000 Detroit, MI 48278</p>		Preparer's Signature	
		Preparer's Business Name, Address and Telephone Number	

Make check payable to "State of Michigan" and write the estate's or trust's FEIN and "2020 MI-1041" on the front of the check.

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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

A Name 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
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.

Beneficiary Identification from Schedule 2	A Federal Distributable Net Income			B Percentage of Amount in Column A		C Allocation of Net Michigan Adjustment (Multiply amount on line 39 by percentage in Column B.)
	Type of Income (Dividend, Interest, Rent, etc.)	Location (City, State)	Amount		%	
a.					%	
b.					%	
c.					%	
d.					%	
41. Fiduciary's Share.....					%	
42. 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.		
43. Total. Include amounts from Form 5680 (if applicable)		