

SCHEDULE 1. NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS.

Additions

29. Gross interest and dividends from obligations issued by states other than Michigan or their political subdivisions	29.	00
30. Deduction for taxes imposed on or measured by income taken on U.S. Form 1041 and allocated share of tax paid by an electing flow-through entity (see instructions)	30.	00
31. Expenses included on U.S. Form 1041 attributable to income from sources outside of Michigan	31.	00
32. Expenses and interest incurred in production of income from U.S. government obligations on U.S. Form 1041	32.	00
33. Other (Include supporting documentation) Describe:	33.	00
34. Total additions. Add lines 29 through 33	34.	00

Subtractions

35. Income from U.S. government bonds and other obligations to the extent included in federal taxable income	35.	00
36. Income attributable to another state. Explain type and source:	36.	00
37. Expenses related to obligations of other states not deducted on U.S. Form 1041	37.	00
38. Other (Include supporting documentation) Describe:	38.	00
39. Total Subtractions. Add lines 35 through 38	39.	00
40. Net Michigan Adjustment. Subtract line 39 from line 34. If no distribution to beneficiaries, carry this amount to line 10. Otherwise, complete Schedules 2 and 3	40.	00

41. Explain changes to income, deductions and credits. Show computations in detail and include a comparison of the new and old provisions.

U.S. Form 1041 and all supporting schedules.

I declare under penalty of perjury that the information in this document is true and correct.

Signature of Fiduciary or Officer Representing Fiduciary Date

Preparer's PTIN, FEIN or SSN: _____

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

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By checking this box, I authorize Treasury to discuss my return with my preparer.

This return is due April 15, 2025, or
after the close of the tax year.

the 15th day of the fourth month
WITH PAYMENT: Pay amount on
line 25. Mail check and return to:
Michigan Department of Treasury
Department 781041
P.O. Box 78000
Detroit, MI 48278

Report of 3 signatures

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.

11. *What is the primary purpose of the following sentence?*

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	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.

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

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.

Identification from Schedule 2	Federal Gain or (Loss)	Michigan Gain or (Loss)
a.		
b.		
c.		
d.		
44. Total. Include amounts from Form 5680 (if applicable)		