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5	7 7 9	oturn			MI-1	1041	0
6	2024 MICHIGAN Fiduciary Income Tax R Issued under authority of Public Act 281 of 1967, as amended. Penalty and interest a	CLUITI oply for failure to file (see instruction	ons).				0
7	Type or print in blue or black ink.						0
8			OFF	ICE USE ON	LY		0
9	L Amended return L Final return	a.					0
0		b.					1
2	1. For 2024, or taxable year beginning	- 2024 , and ending					1
3	MM-DD-2024		IM	M-DD-YYYY			1
5	PART 1: NAME AND IDENTIFICATION  2. Name of Estate or Trust		3 Federal En	nployer Identific	ation Mumber	r (EEINI)	1
6	4 7010 3 4300 3 7130		J. I Cucial Ell	ipioyei identino	auon van bei	(, =,,,,	1
7	4a. Name of Fiduciary 4	b. Title of Fiduciary	E	state Info	rmation		1
8			5a. County				1
9	4c. Address of Fiduciary (Number, Street, or P.O. Box)		5b. Probate F	ilo No			1
0 1	4c. Addless of Fluctary (Number, Street, of F.O. Box)		Sp. Flobate F	ile ino.			2
2	4d. City; or Town 4	e. State 4f. ZIP Code	5c. Date of D	eath (MM-DD-Y	YYY)		2
3							2
4	6. Residency Status of Estate or Trust	2		Trust Infor	mation		2
5 6	a. Resident Estate c. Resident Trust	* If you check box "b" or box "d," you must		Was Created (		γ)	2
7	b. Nonresident Estate * d. Nonresident Trust *	complete and include					2
8							2
9							2
0 1	PART 2: INCOME AND ADJUSTMENTS (Include a copy of y		upporting sp	hedules.)		laal	3
· <del> </del> <del> </del> <del> </del>	8. Federal taxable income of flooting Small Business Trust (see	***********				00	
2	9. Federal taxable income of Electing Small Business Trust (see	instructions)				00	
2 3		instructions)					
2 3 4 5	9. Federal taxable income of Electing Small Business Trust (see 10. Fiduciary's share of Michigan net adjustments (from Schedule Schedule 1, line 40)	e instructions) C. or e 3, line 42, column C, or (from MI-1041D, line 21)				00	
2 3 4 5 6	9. Federal taxable income of Electing Small Business Trust (see 10. Fiduciary's share of Michigan net adjustments (from Schedule Schedule 1, line 40).  11. Capital gain or (loss) adjustment for resident estates or trusts 12. Taxable income. Combine lines 8 through 11 or enter amount from	e instructions)				000	
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		Federal Employer Identifiça	ation Number (FEIN)
SCHEDULE 1: NET MICHI	GAN ADJUSTMENT FOR RESIDENT ES	STATES OR TRUSTS	
Additions			
29. Gross interest and divide	nds from obligations issued by states other tha		
or their political subdivision			0.0
	sed on or measured by income taken on U.S lecting flow-through entity (see instructions)	Form 1041 and allocated 30.	00
Shalle of tax pale by an e	lecting now in ough entity (see instructions)		100
	S. Form 1041 attributable to income from sour		0.0
	curred in production of income from U.S. gove	rnment	
obligations on U.S. Form	1041	32	0:0
33. Other (Include supporting	documentation) Describe:	33.	00
34. <b>Total additions.</b> Add line	s 29 through 33		00
Subtractions			
	ment bonds and other obligations to the exten	t included in	
federal taxable income		35.	00
36. Income attributable to an			
Explain type and source:		36.	0:0
37. Expenses related to obligat	tions of other states not deducted on U.S. Form 10	041	0.0
38. Other (Include supporting	j documentation) Describe:	38.	00
39. Total Subtractions. Add	lines 35 through 38	39.	00
	nt. Subtract line 39 from line 34. If no distributi		
41. Explain changes to income	GES. If filing an amended return, comple , deductions and credits. Show computations in porting schedules.	detail and include a copy of the amended	
	RATIONS		
SIGNATURES AND DECLA		<del> </del>	<del></del>
SIGNATURES AND DECLA  I declare under penalty of perjury that the	ne information in this return and attachments is true and	I declare under penalty of perjury that this return	s based on all
I declare under penalty of perjury that the complete to the best of my knowledge.		information of which I have any knowledge.	s based on all
I declare under penalty of perjury that th			s based on all
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations	senting Fiduciary Date	information of which I have any knowledge.  Preparer's PTIN, FEIN or \$\$N  Preparer's Name (print or type)	is based on all
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations.  By checking this box, I authorized.	senting Fiduciary Date  Prize Treasury to discuss my return with my preparer	information of which: I have any knowledge.  Preparer's PTIN, FEIN or \$SN  Preparer's Name (print or type)	is based on all
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations By checking this box, I authorated This return is due April 15, 20	senting Fiduciary Date  Pate  Prize Treasury to discuss my return with my preparer  25, or on the 15th day of the fourth month	information of which I have any knowledge.  Preparer's PTIN, FEIN or \$\$N  Preparer's Name (print or type)	is based on all
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representation of Proceedings of Proced	senting Fiduciary Date  Date  Dize Treasury to discuss my return with my preparer  25, or on the 15th day of the fourth month	information of which: I have any knowledge.  Preparer's PTIN, FEIN or \$SN  Preparer's Name (print or type)	
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representation of Fiduciary or Officer Representation.  By checking this box, I authorate the close of the tax year WITHOUT PAYMENT: Mail re	senting Fiduciary  Date  Dize Treasury to discuss my return with my preparer  25, or on the 15th day of the fourth month  turn to: WITH PAYMENT: Pay amount on	information of which I have any knowledge.  Preparer's PTIN, FEIN or SSN  Preparer's Name (print or type)  Preparer's Signature	
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations of the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representation of Fiduciary or Officer Representation.  By checking this box, I author This return is due April 15, 20 after the close of the tax year WITHOUT PAYMENT: Mail remains of Trease Michigan Department of Trease P.O. Box 30058	senting Fiduciary  Date  Date	information of which: I have any knowledge.  Preparer's PTIN, FEIN or \$\$N  Preparer's Name (print or type)  Preparer's Signature  Preparer's Business Name, Address and Teleph	
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I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations of the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representation of Fiduciary or Officer Representation.  By checking this box, I author This return is due April 15, 20 after the close of the tax year WITHOUT PAYMENT: Mail remains of Trease Michigan Department of Trease P.O. Box 30058	senting Fiduciary  Date  Date	information of which: I have any knowledge.  Preparer's PTIN, FEIN or \$\$N  Preparer's Name (print or type)  Preparer's Signature  Preparer's Business Name, Address and Teleph	
I declare under penalty of perjury that the complete to the best of my knowledge.  Signature of Fiduciary or Officer Representations of Fiduciary or Officer Representation. By checking this box, I author This return is due April 15, 20 after the close of the tax year WITHOUT PAYMENT: Mail remind Michigan Department of Trease P.O. Box 30058  Lansing, MI 48909	senting Fiduciary  Date  Date	information of which: I have any knowledge.  Preparer's PTIN, FEIN or \$\$N.  Preparer's Name (print or type).  Preparer's Signature.  Preparer's Business Name, Address and Telepho	

