	Michigan Department of Treasury (Rev. 04-24), Page 1 of 3 2024 MICHIGAN Fiduciary Income Ta	ax Roturn				IVI1-7	1041
	Issued under authority of Public Act 281 of 1967, as amended. Penalty and ir	nterest apply for failure	to file (see instru	uctions).			
	Type or print in blue or black ink.						
					OFFICE L	JSE ONLY	
	Amended return Final return		a. b.				
			D.				
	1. For 2024, or taxable year beginning		and ending				
		DD-2024			MM-DD-	YYYY	
I	PART 1: NAME AND IDENTIFICATION 2. Name of Estate or Trust			3. Fee	deral Employer	r Identification Numbe	r (FEIN)
							. ,
	4a. Name of Fiduciary	4b. Title of Fidu	ıciary			e Information	
				5a. C	ounty		
	4c. Address of Fiduciary (Number, Street, or P.O. Box)			5b. Pi	obate File No.		
	4d. City or Town	4e. State 4f. 2	ZIP Code	5c. Da	ate of Death (N	/M-DD-YYYY)	
	6. Residency Status of Estate or Trust	l					
	a. Resident Estate		check box "b"		Trus	t Information	
		complete	d," you must e and include	7. Da	ite Trust Was 0	Created (MM-DD-YYY	Y)
	b. Nonresident Estate * d. Nonresident Trus	st * MI-1041	Schedule NR.				
	L	· · · · · · · · · · · · · · · · · · ·					
	PART 2: INCOME AND ADJUSTMENTS (Include a co	py of your U.S. Fo	orm 1041 and	d support	ing s <u>chedu</u>	iles.)	
	8. Federal taxable income of fiduciary (from U.S. Form 10		,		8.		00
	9. Federal taxable income of Electing Small Business Tru	•			9.		00
	 Fiduciary's share of Michigan net adjustments (from So Schedule 1, line 40) 		. column C. c	or			
					10. I		00
	11. Capital gain or (loss) adjustment for resident estates of						00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter am 	r trusts (from MI-1 ount from MI-1041	041D, line 2 Schedule NF	1) R, line 28.	11. 12.		00
	 Capital gain or (loss) adjustment for resident estates of Taxable income. Combine lines 8 through 11 or enter and Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r 	r trusts (from MI-1 ount from MI-1041 negative number, e	041D, line 2 Schedule NF enter "0" on l	1) R, line 28.	11. 12.	Credit	00
	 Capital gain or (loss) adjustment for resident estates of Taxable income. Combine lines 8 through 11 or enter am Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS 	r trusts (from MI-1 ount from MI-1041 negative number, e	041D, line 2 Schedule NF enter "0" on l	1) R, line 28.	11. 12.	Credit	00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter and 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) Michigan Historic Preservation Tax Credit 	r trusts (from MI-1 ount from MI-1041 negative number, e A . 14a.	041D, line 2 Schedule NF enter "0" on I amount	1) R, line 28. ine 13 00	11. 12. 13.	Credit	00 00 00 00 00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter am 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS 14. Income tax paid to another state (include copy of return) 	r trusts (from MI-1 ount from MI-1041 negative number, e A . 14a.	041D, line 2 Schedule NF enter "0" on I amount	1) R, line 28. ine 13 00	11. 12. 13. 14b.	Credit	00 00 00 00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter am 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) Michigan Historic Preservation Tax Credit	r trusts (from MI-1 ount from MI-1041 negative number, e A . 14a.	041D, line 2 Schedule NF enter "0" on I mount	1) R, line 28. ine 13 00 00 16.	11. 12. 13. 14b.	Credit	00 00 00 00 00 00 00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter and 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) Michigan Historic Preservation Tax Credit 	r trusts (from MI-1 ount from MI-1041 negative number, o . 14a. . 15a. . 15a.	041D, line 2 Schedule NF enter "0" on I mount	1) R, line 28. ine 13 00 00 16. 17.	11 12 13 14b 15b	Credit	00 00 00 00 00
	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter am 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) Michigan Historic Preservation Tax Credit Total nonrefundable credits. Add 14b and 15b Income tax. Subtract line 16 from line 13. If line 16 is g Michigan Historic Preservation Tax Credit (refundable) Credit for allocated share of tax paid by an electing flow 	r trusts (from MI-1 ount from MI-1041 negative number, o . 14a. . 15a.	041D, line 2 Schedule NF enter "0" on I mount nter "0"	1) R, line 28. ine 13 00 00 16. 17. ms)	11. 12. 13. 14b. 15b. 18. 19.	Credit	00 00 00 00 00 00 00 00 00
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	 Capital gain or (loss) adjustment for resident estates of 12. Taxable income. Combine lines 8 through 11 or enter am 13. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) 15. Michigan Historic Preservation Tax Credit Total nonrefundable credits. Add 14b and 15b Income tax. Subtract line 16 from line 13. If line 16 is g 18. Michigan Historic Preservation Tax Credit (refundable) 19. Credit for allocated share of tax paid by an electing flow 20. Income tax withheld (include MI-1041 Schedule W) Michigan estimated tax and extension payments 	r trusts (from MI-1 ount from MI-1041 negative number, o . 14a. . 15a. greater than 13, en w-through entity (s	041D, line 2 Schedule NF enter "0" on I mount nter "0"	1) R, line 28. ine 13 00 00 16. 17. ons)	11. 12. 13. 14b. 15b. 18. 19. 20. 21.	Credit	00 00 00 00 00 00 00 00 00 00 00
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	 Capital gain or (loss) adjustment for resident estates of 2. Taxable income. Combine lines 8 through 11 or enter am 3. Tax. Multiply line 12 by 4.25% (0.0425). If line 12 is a r PART 3: CREDITS AND PAYMENTS Income tax paid to another state (include copy of return) Michigan Historic Preservation Tax Credit	r trusts (from MI-1 ount from MI-1041 negative number, a . 14a. . 15a.	041D, line 2 Schedule NF enter "0" on I mount nter "0" see instruction 024 return sh gative numbe (see instruct	1) R, line 28. ine 13 00 00 16. 17. ns) pould skip er. Enter ions)	11. 12. 13. 14b. 15b. 18. 19. 20. 21. 22.	Credit	00 00 00 00 00 00 00 00 00 00 00 00 00
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2024	MI-1041, Page 2 of 3		Federal Employer	Identification Number (FEIN)
	HEDULE 1: NET MICHIGAN ADJ	USTMENT FOR RESIDENT EST	ATES OR TRUSTS	
	litions	pligations issued by states other than	Michigan	
29.	 Gross interest and dividends from of or their political subdivisions 			00
30.	 Deduction for taxes imposed on or n share of tax paid by an electing flow- 	5		00
31	. Expenses included on U.S. Form 10	41 attributable to income from source	es outside of Michigan 31.	00
	Expenses and interest incurred in pr obligations on U.S. Form <i>1041</i>	oduction of income from U.S. govern	ment	00
33.	. Other (Include supporting document	ation) Describe:	33.	00
	. Total additions. Add lines 29 throug			00
	tractions			
	i. Income from U.S. government bonds			
36	federal taxable income			00
50.	- · · · ·		36	00
37.	. Expenses related to obligations of other	r states not deducted on U.S. Form 104	1	00
38.	. Other (Include supporting document	ation) Describe:	38.	00
39.	• Total Subtractions. Add lines 35 th	-		00
40.	. Net Michigan Adjustment. Subtract beneficiaries, carry this amount to lir			00
EVE	PLANATION OF CHANGES. If filir	-		
41.	Explain changes to income, deductions			mondod
			etail and include a copy of the al	liellueu
	U.S. Form 1041 and all supporting sch		etail and include a copy of the al	nended
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SIG	U.S. Form 1041 and all supporting sch	edules.		
SIG I deci	U.S. Form <i>1041</i> and all supporting sch	edules.	I declare under penalty of perjury that th information of which I have any knowled	is return is based on all
SIG I deci comp	U.S. Form <i>1041</i> and all supporting sch NATURES AND DECLARATIONS	edules.	I declare under penalty of perjury that th	is return is based on all
SIG I deci comp	U.S. Form <i>1041</i> and all supporting sch NATURES AND DECLARATIONS clare under penalty of perjury that the information is polete to the best of my knowledge.	edules.	I declare under penalty of perjury that th information of which I have any knowled	is return is based on all
SIG / deci comp Sign L This	U.S. Form 1041 and all supporting sch INATURES AND DECLARATIONS clare under penalty of perjury that the information i polete to the best of my knowledge. Thature of Fiduciary or Officer Representing Fiducia By checking this box, I authorize Treasur s return is due April 15, 2025, or on t	edules.	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN	is return is based on all
SIG <i>I deci</i> <i>comp</i> Sign This after WITI	U.S. Form 1041 and all supporting sch INATURES AND DECLARATIONS Ware under penalty of perjury that the information is plate to the best of my knowledge. Thature of Fiduciary or Officer Representing Fiducia By checking this box, I authorize Treasur s return is due April 15, 2025, or on the r the close of the tax year. HOUT PAYMENT: Mail return to: N	edules.	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN Preparer's Name (print or type)	is return is based on all Ige.
SIG I deci comp Sign This after WITI Mich P.O.	U.S. Form 1041 and all supporting sch INATURES AND DECLARATIONS Use a state and the period of period the information is polete to the best of my knowledge. The address of the tax of the state of Fiduciary or Officer Representing Fiduciar By checking this box, I authorize Treasur as return is due April 15, 2025, or on the r the close of the tax year. HOUT PAYMENT: Mail return to: Migan Department of Treasury Box 30058	edules. In this return and attachments is true and Iry Date y to discuss my return with my preparer. he 15th day of the fourth month WITH PAYMENT: Pay amount on ine 25. Mail check and return to: Wichigan Department of Treasury	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN Preparer's Name (print or type) Preparer's Signature	is return is based on all Ige.
SIG I deci comp Sign This after WITI Mich P.O.	U.S. Form 1041 and all supporting sch NATURES AND DECLARATIONS Ware under penalty of perjury that the information is balare under penalty of penjury that the info	edules. In this return and attachments is true and Iny Date y to discuss my return with my preparer. he 15th day of the fourth month WITH PAYMENT: Pay amount on ine 25. Mail check and return to: Michigan Department of Treasury Department 781041 P.O. Box 78000	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN Preparer's Name (print or type) Preparer's Signature	is return is based on all Ige.
SIG I deci comp Sign This after WITI Mich P.O. Lans	U.S. Form 1041 and all supporting sch INATURES AND DECLARATIONS Istare under penalty of perjury that the information is polete to the best of my knowledge. Inature of Fiduciary or Officer Representing Fiducia By checking this box, I authorize Treasur By checking this box, I authorize Treasur r the close of the tax year. HOUT PAYMENT: Mail return to: Mi higan Department of Treasury I Box 30058 sing, MI 48909	edules. In this return and attachments is true and Inny Date In this return and attachments is true and Inny Date In this return with my preparer. In the 15th day of the fourth month Inne 15th day of the fourth month Inne 25. Mail check and return to: Inne 25.	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN Preparer's Name (print or type) Preparer's Signature Preparer's Business Name, Address an	is return is based on all lge.
SIG I deci comp Sign This after WITI Mich P.O. Lans	U.S. Form 1041 and all supporting sch NATURES AND DECLARATIONS Ware under penalty of perjury that the information is balare under penalty of penjury that the info	edules. In this return and attachments is true and Iny Date y to discuss my return with my preparer. he 15th day of the fourth month WITH PAYMENT: Pay amount on ine 25. Mail check and return to: Michigan Department of Treasury Department 781041 P.O. Box 78000 Detroit, MI 48278 Is write the estate's or trust's FEIN and "	I declare under penalty of perjury that th information of which I have any knowled Preparer's PTIN, FEIN or SSN Preparer's Name (print or type) Preparer's Signature Preparer's Business Name, Address an	nis return is based on all lge. ad Telephone Number

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3 4	2024 MI-1041, Page 3 of 3						Federal Employer Identification Number (FEIN)			
5 6 7 8	Information Contir	nplete Schedules 2, 3 nuation Schedule (For BENEFICIARY IDE	rm 5680).	applicable. If additional sp	pace is n	Leeded, compl	lete the M	ichig	gan Fiduciary Income Tax	
9 0 1		A nd Residency Status R= Resident R= Nonresident		B Address (Number, Street, Apt. #, City, State, ZIP Code)				C Social Security number or FEIN		
3 4	Example: Joseph Smith R			123 Main Street, Anywhere, MI 12345					111-11-1111	
5 6 7	а.									
7 8 9	b.						1			
0	C.									
1 2 3	d.									
25		3 only if adjustments we		_	FOR R	ESIDENT E		OR	C C	
6 7 8	Beneficiary		Federa	A Il Distributable Net Income	· · · · · ·		Percent	•	Allocation of Net Michigan Adjustment	
29 60 61	Identification from Schedule 2	Type of Incor (Dividend, Interest, F		Location (City, State)		Amount	of Amount in Column A		(Multiply amount on line 40 by percentage in Column B.)	
2	a.							%		
4 5	b.							%		
6 7	с.							%		
8 9 0	d.							%		
1	42. Fiduciary's S	hare						%		
3 4				pplicable)			100	%		
5 6 7	Schedule 4 must be		or nonresid	DISTRIBUTED TO BE lent estates and trusts if capita						
9012345678901	Beneficiary Identification		Α				B			
0	from Schedule 2		Feder Gain or (Michigan Gain or (Loss)			
2 3	а.							1		
4 5 6	b.									
6 7 8 9	c. d.									
60	44. Total. Include									
61 62 63	amounts from Form 5680 (if applicable)									
4	L	1								

43. Total. Include amounts from Form 5680 (if applicable)	100	/0	

ujusiments of Capital Gains a	and Losses (Form MI-1041D) was med.					
Beneficiary Identification	Α	В				
from	Federal	Michigan				
Schedule 2	Gain or (Loss)	Gain or (Loss)				
a.						
b.						
с.						
d.						
44. Total. Include amounts from Form 5680 if applicable)						