NOTICE OF TESTING REQUIREMENTS

For the 2024 testing season, testing of this developer-supported form is required even if there are no changes from the prior year. Consult the "Tax Year 2024-25 Miscellaneous Guidelines" for instructions on submitting miscellaneous forms. Failure to test this form could result in rejection of Michigan tax returns (e-file and paper) generated by your software and filed by your customers.

This change to testing expectations is the result of an annual review of the e-file and substitute form programs and procedures of the Michigan Department of Treasury. We appreciate your patience and cooperation as we work together to provide exceptional products to our mutual customers, the taxpayers of the State of Michigan.

Standard testing requirements still apply to all miscellaneous forms unless otherwise noted.

Michigan Department of Treasury	Linol Death ()/	3 / / 11 / / / 1	
	Final Draft 9/1	J/2027	
5596 (Rev. <mark>09-2</mark> 4)			
2024 MICHIGAN For	ate or Trust Certific	ation for e-file MI-8453-FE	
Issued under authority of Public Act 281 of	f 1967, as amended.	auon ioi o-iiio mi-0400-i L	
NOTE: Do not send MI-8453-FE to	the Michigan Department of Treas	ury unless requested to do so.	
1. Name of Estate or Trust		2. Federal Employer Identification Nu	mber (FEIN)
3. Name and Title of Fiduciary			
			
PART 1: TAX RETURN INFO	DRMATION		
	!!!!!!!!!!-	4	lool
		5.	00
6. Total tax (MI-1041, line 13	X	6.	00
7. Tax due (MI-1041, line 25)	<i>(</i>	7	00
8. Refund (MI-1041, line 28)		8	00
9. 1301010 (MIT 1941, IIII 20)		······································	1001
PART 2: FIDUCIARY CERTI	FICATION AND E-FILE AUT	HORIZATION	
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		including any accompanying statements and schedu in information in Part 1 agrees with the amounts on th	
		Intermediate Service Provider, transmitter or Electro	
		e Michigan Department of Treasury and to receive a	
receipt or reason for rejection of th			
PIN Authorization (Check one box	x only)	ERO Firm Name	
	m to enter or generate my PIN as my auth	prization for my tax	
	eturn. (The ERO must complete Part 3.)		
		PIN (Enter five numbers. Do not ente	r all zeros)
I will enter my PIN as my authoriz	ation for my tax year 2024 electronically fi		
 			
Fiduciary Representative Officer Signatur	ire	Date	
Fiduciary Representative Officer Name (print or type)	Title	
			
DARTS, ELEATRACIA PET	TIRN ORIGINATOR (FRO) A	ND PAID PREPARER CERTIFICATION	
PART 3: ELECTRONIC RET			
· _{[-}			64 6 4 4
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