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.

Issued under authority of Public Act 28 NOTE: Do not send MI-8453-FE		oartment	of Treasury unless req	·			
1. Name of Estate or Trust	ne of Estate or Trust				2. Federal Employer Identification Number (FEIN)		
3. Name and Title of Fiduciary							
L							
PART 1: TAX RETURN IN							
	deral taxable income of fiduciary (MI-1041, line 8)					4.	00
		(MI-1041, line 12)				5.	00
	otal tax (MI-1041, line 13)					6.	00
	 Tax due (MI-1041, line 25) Refund (MI-1041, line 28) 					7.	00
·						0.	
PART 2: FIDUCIARY CER	TIFICATION ANI	D E-FIL	E AUTHORIZATIO	N			
Under penalties of perjury, I dec my knowledge and belief, it is tru							
of my Michigan Fiduciary Incon	ne Tax Return. I cor	nsent to a	llow my Intermediate	Service H	Provider, transn	nitter or Electronic Re	turn Originator
(ERO) to send my return to IRS receipt or reason for rejection o		by the IF	RS to the Michigan De	partment	t of Treasury a	nd to receive an ackn	owledgment of
PIN Authorization (Check one I				[F	RO Firm Name		
I authorize the identified ERO Firm to enter or generate my PIN as my authorization for my tax							
year 2024 electronically filed ta	ax return. (The ERO mus	st complete	Part 3.)				
	· · · ·	0004		F	PIN (Enter five nun	nbers. Do not enter all zero	s)
I will enter my PIN as my autho	orization for my tax year	2024 electi	onically filed tax return.				
iduciary Representative Officer Signature					Date		
Fiduciary Representative Officer Name (print or type)					Title		
PART 3: ELECTRONIC R	ETURN ORIGINA	ATOR (E	RO) AND PAID PF	REPAR			
I declare that the information c	ontained in this elec	ctronic ta	x return is the informa	ation furn	ished to me by	/ the filer. If the filer f	urnished me a
completed tax return, I declare t filer. If the furnished return was							
portion of this electronic return.	If I am the paid prepa	arer, unde	er the penalties of perju	ry I decla	re that I have e	xamined this electroni	c return, and to
the best of my knowledge and b		ct, and co			ed on all inform		ny knowledge.
ERO Signature	Date		ERO is (check all that ap		Self-Employed	ERO's SSN or PTIN	
			Paid Preparer		seii-⊑mpioyeu		
Firm's Name (or yours if self-employe	d)		·	FEIN			
Firm's Address (Street, City, State, ZI	P Codo)					Firm's Telephone Numbe)r
Tim s Address (Street, City, State, Zh							51
Preparer's Name (print or type)							
						Check if self-emp	loyed
Preparer's Signature		Date	T	PTIN		I	
Firm's Name				Firm's EIN	l		
Firm's Address (Street, City, State, ZI	P Code)					Firm's Telephone Numbe	er
	/						