

FINAL Draft 02/25/2026

# 2026 MICHIGAN Fiduciary Income Tax Beneficiary Information Continuation Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Complete this form if you have more than four (4) beneficiaries. This is a continuation of the "Michigan Fiduciary Income Tax Return" (Form MI-1041), Schedules 2, 3 and 4.

|                         |                                               |
|-------------------------|-----------------------------------------------|
| Name of Estate or Trust | Federal Employer Identification Number (FEIN) |
|-------------------------|-----------------------------------------------|

## SCHEDULE 2: BENEFICIARY IDENTIFICATION

| A<br>Name and Residency Status<br>R= Resident<br>NR= Nonresident |  | B<br>Address<br>(Number, Street, Apt. #, City, State, ZIP/Postal Code, Country Code) | C<br>Social Security number<br>or FEIN |
|------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|----------------------------------------|
| e.                                                               |  |                                                                                      |                                        |
| f.                                                               |  |                                                                                      |                                        |
| g.                                                               |  |                                                                                      |                                        |
| h.                                                               |  |                                                                                      |                                        |
| i.                                                               |  |                                                                                      |                                        |
| j.                                                               |  |                                                                                      |                                        |
| k.                                                               |  |                                                                                      |                                        |
| l.                                                               |  |                                                                                      |                                        |

## SCHEDULE 3: ALLOCATION OF NET MICHIGAN ADJUSTMENT FOR RESIDENT ESTATES OR TRUSTS

| Beneficiary<br>Identification<br>from<br>Schedule 2 | A<br>Federal Distributable Net Income              |                           |        | B<br>Percentage<br>of Amount<br>in<br>Column A | C<br>Allocation of Net<br>Michigan Adjustment<br>(Multiply amount on<br>Form MI-1041 line 40 by<br>percentage in<br>Column B.) |
|-----------------------------------------------------|----------------------------------------------------|---------------------------|--------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
|                                                     | Type of Income<br>(Dividend, Interest, Rent, etc.) | Location<br>(City, State) | Amount |                                                |                                                                                                                                |
| e.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| f.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| g.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| h.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| i.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| j.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| k.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |
| l.                                                  |                                                    |                           |        | %                                              |                                                                                                                                |

Continue on page 2. If Schedule 4 does not apply, only submit page 1 of Form 5680 with your fiduciary return.

**SCHEDULE 4: CAPITAL GAIN OR (LOSS) DISTRIBUTED TO BENEFICIARIES WHEN FORM MI-1041D IS FILED**

| Beneficiary<br>Identification<br>from<br>Schedule 2 | A<br><br>Federal<br>Gain or (Loss) | B<br><br>Michigan<br>Gain or (Loss) |
|-----------------------------------------------------|------------------------------------|-------------------------------------|
| e.                                                  |                                    |                                     |
| f.                                                  |                                    |                                     |
| g.                                                  |                                    |                                     |
| h.                                                  |                                    |                                     |
| i.                                                  |                                    |                                     |
| j.                                                  |                                    |                                     |
| k.                                                  |                                    |                                     |
| l.                                                  |                                    |                                     |