

This is a miscellaneous form. You do not need to submit it to Treasury for testing. It's provided to you to include in your software.

# 2020 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 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 Identification from Schedule 2 | A<br>Federal Distributable Net Income           |                        |        | B<br>Percentage of Amount in Column A | C<br>Allocation of Net Michigan Adjustment (Multiply amount on Form MI-1041 line 39 by percentage in Column B.) |
|--|---|------------------------|--------|---------------------------------------|---|
|  | Type of Income (Dividend, Interest, Rent, etc.) | Location (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 Identification from Schedule 2 | A<br>Federal<br>Gain or (Loss) | B<br>Michigan<br>Gain or (Loss) |
|--|--------------------------------|---------------------------------|
| e.   |                                |                                 |
| f.   |                                |                                 |
| g.   |                                |                                 |
| h.   |                                |                                 |
| i.   |                                |                                 |
| j.   |                                |                                 |
| k.   |                                |                                 |
| l.   |                                |                                 |