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.

	uthority of Public Act 281 o		Certification fo		133-1 L	
1. Name of E					loyer Identification Number (FEIN	1)
3. Name and	Title of Fiduciary					
PART 1:	TAX RETURN INFO	ORMATION				
		fiduciary (MI-1041, line	*			00
		(MI-1041, line 12))				00
)				00
						00
PART 2: I	FIDUCIARY CERTI	FICATION AND E-F	ILE AUTHORIZATIO	ON		
					ments and schedules and, to	o the hest of
my knowled	ge and belief, it is true,	correct, and complete.	The tax return informatio	n in Part 1 agrees with	the amounts on the corresp	onding lines
					nsmitter or Electronic Retur v and to receive an acknow	
	end my return to IRS a eason for rejection of th		e IRS to the Michigan D	epariment of freasury	y and to receive an acknow	reagment or
	ization (Check one box			ERO Firm Nam	ne	
I autho	I authorize the identified ERO Firm to enter or generate my PIN as my authorization for my tax					
year 2	020 electronically filed tax r	return. (The ERO must compl	ete Part 3.)			
l				PIN (Enter five	numbers. Do not enter all zeros)	
I will e	I will enter my PIN as my authorization for my tax year 2020 electronically filed tax return.					
Fiduciary Rei	resentative Officer Signatu	re.		Date		
I ladolal y I to	aaly Representative Officer Signature					
Fiduciary Rep	Fiduciary Representative Officer Name (print or type)				Title	
PART 3: I	ELECTRONIC RET	URN ORIGINATOR	(ERO) AND PAID P	REPARER CERTI	FICATION	
					e by the filer. If the filer furr at contained in the return pro	
filer. If the f	ırnished return was sig	gned by a paid preparer,	I declare I have entere	d the paid preparer's i	dentifying information in the	appropriate
					e examined this electronic re ormation of which I have any	
ERO Signatu	-	Date	ERO is (check all that a		ERO's SSN or PTIN	- Knowicago.
			Paid Preparer	Self-Employe		
			'			
Firm's Name	(or yours if self-employed)			FEIN		
Firm's Addres	s (Street, City, State, ZIP C	code)			Firm's Telephone Number	
	o (ooo, o, oo, o				, mine reispinene riamizei	
Preparer's Na	ame (print or type)					
					Check if self-employ	ed
Preparer's Si	gnature	Date		PTIN		
'						
Firm's Name		· · · · · · · · · · · · · · · · · · ·		Firm's EIN		
I Firm's Address	s (Street, City, State, ZIP C	Code)			Firm's Telephone Number	