

07-09-21 draft

Check if this is an amended return.
See instructions.

2021 City of Detroit Income Tax -- Estates and Trusts

Issued under authority of Public Act 284 of 1964, as amended.

1. Return is for the city of DETROIT City Code (see instructions) 170

Return is due April 15, 2022.

2. Return is for calendar year 2021 or for tax year beginning: and ending:

3. Name of Estate or Trust 4. Federal Employer Identification Number (FEIN)

5. Title of Fiduciary

6. Address City State ZIP/Postal Code Country Code

7. Type of Return (check one) 8. If this is amended due to a federal audit, enter the federal determination date

INCOME AND ADJUSTMENTS

Table with 3 columns: Line number, Description, and Amount. Rows 9-20 include Net income from business, rental property, and other Detroit income, ending with Total income subject to tax.

PAYMENTS AND CREDITS

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 include Tax withheld, estimated payments, and total payments and credits.

PAYMENT DUE OR OVERPAYMENT

Table with 3 columns: Line number, Description, and Amount. Rows 24-27 include Payment Due, Overpayment, Credit Forward, and Refund.

Taxpayer Certification and Preparer Certification sections with signature lines and checkboxes.

ALL RETURNS: mail to: Michigan Department of Treasury, City Tax Administration, PO Box 30813, Lansing MI 48909
WITH PAYMENT: Pay amount on line 24. Make check payable to "State of Michigan - Detroit." Print the taxpayer FEIN, tax year, and "Form 5462" on the front of the check. Do not staple the check to the return.

FEIN

Empty rectangular box for FEIN entry.

SCHEDULE G
Complete for Resident Beneficiaries Only

| NAME | SOCIAL SECURITY NUMBER | AMOUNT DISTRIBUTABLE |
|--|------------------------|----------------------|
| 1. | | 00 |
| 2. | | 00 |
| 3. | | 00 |
| 4. | | 00 |
| 5. | | 00 |
| 6. | | 00 |
| 7. | | 00 |
| 8. | | 00 |
| 9. | | 00 |
| 10. | | 00 |
| 11. | | 00 |
| 12. | | 00 |
| 13. | | 00 |
| 14. | | 00 |
| 15. | | 00 |
| 16. Total distributable income — residents. Carry total to Form 5462, line 14..... | | 00 |