4 5	0 0 0 0 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2			012345678901	2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8	9 0 1 2
	Michigan Department of Treasury 5596 (Rev. 12-21)	Final Dr	aft 12/1/2021			
	<b>2021 MICHIGAN Estate</b>	or Trust Ce	ertification for	e-file MI-845	3-FE	
	Issued under authority of Public Act 281 of 1967, as amended.  NOTE: Do not send MI-8453-FE to the Michigan Department of Treasury unless requested to do so.					
	1. Name of Estate or Trust				r Identification Number (FEIN)	
	Name and Title of Fiduciary					
	3. Name and Title of Fluddary					
	PART 1: TAX RETURN INFORMA	TION				
	4. Federal taxable income of fiducia					00
	<ul><li>5. Michigan taxable income (MI-104</li><li>6. Total tax (MI-1041, line 13)</li></ul>					00
	7. Tax due (MI-1041, line 25)					00
	8. Refund (MI-1041, line 28)				8.	00
	PART 2: FIDUCIARY CERTIFICAT	ION AND E-FIL	E AUTHORIZATION	I		
	Under penalties of perjury, I declare that	I have examined th	is return including any a	ccompanying statemen	its and schedules and, to the bes	t of
	my knowledge and belief, it is true, correct of my Michigan Fiduciary Income Tax Re					
	(ERO) to send my return to IRS and sub	sequently by the II				
	receipt or reason for rejection of the trans	smission. 		LEDO Eiro Norra		_
	PIN Authorization (Check one box only)  I authorize the identified ERO Firm to ente	r or generate mv PIN a	s mv authorization for mv tax	ERO Firm Name		
year 2021 electronically filed tax return. (The ERO must complete Part 3.)						
	PIN (E				bers. Do not enter all zeros)	
	I will enter my PIN as my authorization for					
	Fiduciary Representative Officer Signature			Date	Date	
	Fiduciary Representative Officer Name (print or type)			Title	Tido	
	Fiduciary Representative Officer Name (print or ty	Title	Title			
	PART 3: ELECTRONIC RETURN	ORIGINATOR (F	FRO) AND PAID PR	FPARER CERTIFIC	CATION	
	I declare that the information contained					
	completed tax return, I declare that the inf	ormation contained	I in this electronic tax ret	urn is identical to that co	ontained in the return provided by	the
	filer. If the furnished return was signed by portion of this electronic return. If I am the					
	the best of my knowledge and belief, it is					
	ERO Signature	Date	ERO is (check all that app		ERO's SSN or PTIN	
			Paid Preparer	Self-Employed		
	Firm's Name (or yours if self-employed)	•	·   F	FEIN		
	Firm's Address (Street, City, State, ZIP Code)				Firm's Telephone Number	_
	, , , , , , , , , , , , , , , , , , , ,				'	
	Description (original or time)					
	Preparer's Name (print or type)  Check if self-employed					
					Check it con employed	
	Preparer's Signature Date PTIN			PTIN		
	Firm's Name	Firm's EIN				
	Firm's Address (Street, City, State, ZIP Code)		Firm's Telephone Number			
	Complete this form only if you are e-filing a Michigan Fiduciary Income Tax unlinked (standalone) return.					
	Complete this form only if	all are a filling -	Michigan Eldusia	v Incomo Tov unit	akad (atandalana) vatuus	
	Complete this form only if y	ou are e-filing a	a Michigan Fiducia	y Income Tax unlii	nked (standalone) return.	