2022 MICHIGA Issued under authority of Pub NOTE: Do not send MI-8	lic Act 281 of 1967, as a	mended.				
1. Name of Estate or Trust				2. Federal E	mployer Identification Number	er (FEIN)
3. Name and Title of Fiducia	ry					
PART 1: TAX RETU			·\		4.	lool
	deral taxable income of fiduciary (MI-1041, line 8) Chigan taxable income (MI-1041, line 12)					00
6. Total tax (MI-104	1, line 13)	,			6.	00
7. Tax due (MI-104						00
8. Refund (MI-104)	, line 28)				8	00
PART 2: FIDUCIAR	Y CERTIFICATIO	N AND E-FIL	E AUTHORIZATIO	N		
Under penalties of perju						
my knowledge and belie of my Michigan Fiducia						
(ERO) to send my retui	n to IRS and subse	quently by the IF				
receipt or reason for rej		ssion. 				
l ·	PIN Authorization (Check one box only) I authorize the identified ERO Firm to enter or generate my PIN as my authorization for my tax				ame	
	ied ERO Firm to enter or illy filed tax return. (The			ax		
				PIN (Enter fi	ve numbers. Do not enter all	zeros)
I will enter my PIN as	my authorization for my	tax year 2022 electr	onically filed tax return.	,		,
Fiduciary Representative Of	iduciary Representative Officer Signature				Date	
Fiduciary Representative Officer Name (print or type)				Title	Title	
Tradulary representative Officer Name (print of type)				Title		
PART 3: ELECTRO	NIC RETURN OF	RIGINATOR (E	RO) AND PAID P	REPARER CER	TIFICATION	
I declare that the inforr	nation contained in	this electronic ta	x return is the inform	ation furnished to	me by the filer. If the fi	ler furnished me a
completed tax return, I c						
portion of this electronic	return. If I am the pa	id preparer, unde	er the penalties of perju	ury I declare that I h	ave examined this elect	ronic return, and to
the best of my knowledg	e and belief, it is tru					
ERO Signature		Date	ERO is (check all that ap		ERO's SSN or PTIN	1
			Paid Preparer	Self-Emplo	yea	
Firm's Name (or yours if self	-employed)			FEIN		
Firm's Address (Street, City,	State, ZIP Code)				Firm's Telephone No	umber
Preparer's Name (print or ty	pe)					
					Check if self-	employed
Preparer's Signature		Date		PTIN		
Firm's Name				Firm's EIN		
T initio realito				T IIIII O EIIV		
Firm's Address (Street, City,	State, ZIP Code)				Firm's Telephone N	umber
1						