Florida Corporate Income/Franchise Tax Return

R. 01/26 Effective 01/26

F-1120 R. 01/25

Rule 12C-1.051, F.A.C.

-Effective 02/25
Page 1 of 6

Name Address City/State/ZIP

	Use black ink. Example A - Handwritten Example B - Typed	For colondaryson	4								hang	es ha	ve be	en ma	de to		
0	123456789 0123456789	For calendar year control beginning	or tax y	ear			nam	e or a	iaare	SS							П
		ending															_
_		Year end date		<u> </u>		D	OR							1			
Fe	deral Employer Identification Number (FEIN) Computation of Florida Net Inc	ome Tay		. =			onl		\ D - I	<u> </u>				<u></u>			
1.	Federal taxable income (see instructions).	Check here						—US	Dol	liars						Cen	its
	Attach pages 1-6 of federal return	if negative		1.													
2.	State income taxes deducted in computing federal to (attach schedule)	Check here		2.											_		
3.	Additions to federal taxable income (from Schedule	Check here if negative		3.													
4.	Total of Lines 1, 2, and 3	Check here if negative		1.													
5.	Subtractions from federal taxable income (from Scho	Check here edule II) if negative		5.											-		
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative		3.													
7.	Florida portion of adjusted federal income (see instru	uctions)	Check he if negativ	re e	7.												
8.	Nonbusiness income allocated to Florida (from Sche	edule R)	Check he if negativ	re e	8.												
9.	Florida exemption				. 9.			•	,								
10.	Florida net income (Line 7 plus Line 8 minus Line 9)				10.												
11.	Tax due: 5.5% of Line 10				11.												
12.	Credits against the tax (from Schedule V)				12.												
13.	Total corporate income/franchise tax due (Line 11 m	inus Line 12)			13.												
	Payment Coupon for Florida Cor	porate Income Ta	x Ret	urn		Do	o no	t de	tac	h c	oup	on.	_	0.4.10	•	F-1	120
	To ensure proper credit to you	•			with								<u>R.</u>	01/2	<u>6</u> ·	R. 01	/25
	TEAN M M D D V V oth	30 year end, return is erwise return is due															ar,
	ENDING W W B B T					1								1		CEN	те І
		Т	otal an	ount d	lue				- 05	DOLL	485 -					CEN	15
	Enter name and address, if not pre-addressed:		from	ine 17	,							لكارا			-		
				credit ine 18													
	Name Address			refund ine 19								,					
	City/St ZIP	Ent	F ter FEIN if r	EIN ot pre-addr	essed												
	F-1120																



5050 W Tennessee Street

Tallahassee FL 32399-0135

14.	a) Penalty: F-2220	b) Other											7		. —
	a) Penalty: F-2220 c) Interest: F-2220	d) Other		Line 14 Total I	14.										
	,			-				_ <u>"</u>	- I				_ •		,
15.	Total of Lines 13 and 14				15.										
16.	Payment credits: Estimate	d tax payments 16a	\$					7	1			72	 1		1 🗀
	Tentative	tax payment 16b	\$		16.			_,				╛┖	╛.		JL
17.	Total amount due: Subtract I			int									_		,
	due here. If the amount is no enter on Line 18 and/or Line	egative (overpayment), . 10			17										
18	Credit: Enter amount of over				17.				J []	اراسا			_ ■ ¬		」 □
10.	here	. ,	•		18.								_		
								_ ,			— —	7	- • 7		1 🗆
19.	Refund: Enter amount of or	verpayment to be refu	nded here		19.] .		
		his return is conside ned, or improperly signed	d and verified, it will be s	subject to a penalt	y. The sta	tute of l	limitatio			t until y	our ret	urn			
	Under penaltics of per	is properly signary, I declare that I have exa	gned and verified. Your i		•		-	the best	of muck	nouloda	o and he	aliof it is	truo o	orroot	and
		of preparer (other than taxpa						the best	l OI IIIy K	nowledg	e and be	eller, it is	s true, c	correct,	and
Sign he	re				Title										
Signifie	Signature of officer		Date		Title										
	Preparer's				reparer		Prepare PTIN	er's							$\overline{}$
Paid	signature		Date		neck if self- nployed		1 1114		7						
prepare only	Firm's name (or yours				FEIN	<u> </u>									\top
J,	if self-employed)														
	and address				ZIP										
		All Taxpayers Must	Answer Questions	A Through L	Below –	– See	Instru	uction	s						
Α. 5	State of incorporation:			G-2. Part of a	federal con	nsolidated	d return?	YES [ом 🗖	☐ If ye	s, provid	le:			
B. F	Florida Secretary of State document no			FEIN from federal consolidated return:											
		ES 🔲 NO 🔲		Name of	corporation	n:									
	Initial return Final return (final			G-3. The fede	ral common	n parent h	nas sales	, property	y, or pay	roll in Flo	orida? Y	ES 🗖	№ [
E. [Principal Business Activity Code (as p	ertains to Florida)		H. Location	of corporate	e books:									
			_												
F. /	A Florida extension of time was timely	filed? YES D NO D		I. Taxpaye	r is a memb	er of a F	lorida pa	rtnership	or joint	venture?	YES	□ но			
G-1. (Corporation is a member of a controlle	d group? YES 🔲 NO 🔲	If yes, attach list.		te of latest I				_						
					ears examin										
					person cond	_									
					ct person te)						
				,	ederal retur				IS or						
Save	Time and Paperw	ork with Elect	ronic Filing	L,po o	040/4/		0	20							
(Florida	n file and pay your Flor Form F-1120) electror	nically through the	Internal		reques rida Dep Box 64	partm), send	d you	r retu	rn to	:	
	ue Service's (IRS) Mod				ahasse		32314	-6440							
	lectronic transmitters a Department of Revenu			R	emer	nhe	r								
	application for corporate			✓ /	Make			rk na	vahl	a to t	hο F	lorid	la		
	forms F-1120ES (<i>Decl</i>			V	Depai	-		-	-			.0110			
	ted Income/Franchise				•										
	/e Income/Franchise Ta	,		\checkmark	Write	your	FEIN	l on	your	chec	k.				
	ion of Time to File Retu		-	./	Sign	VOIIT	chec	k and	d ret	ırn					
	ng Paper Return			V	Oigii j	your	01166	n and	u 1611	ин.					
	•	te and Daturn	ie.												
	e to Send Paymen neck payable to and mail v		3												
	orida Department of Reve			\checkmark	Attac	h a c	ору с	of you	ur fe	deral	retu	rn.			

Attach a copy of your Florida Form F-7004 (extension of time) if applicable.

25

26.

27.



<u>7.</u>

8.

9.

<u>10.</u>

11

12.

<u>13</u>.

<u>14.</u>

15

<u>16.</u>

<u>17.</u>

18.

21

22

<u>23.</u>

<u>24.</u>

25.

26.

26. Other additions (attach schedule)

-27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.

NAME FEIN TAXABLE YEAR ENDING Schedule I — Additions and/or Adjustments to Federal Taxable Income Interest excluded from federal taxable income (see instructions) 1. 2. Undistributed net long-term capital gains (see instructions) 3. Net operating loss deduction (attach schedule) 3. Net capital loss carryover (attach schedule) 4. 5. 5 Excess charitable contribution carryover (attach schedule) 6. 6. Employee benefit plan contribution carryover (attach schedule) Enterprise zone jobs credit (Florida Form F-1156Z) Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z) 8. 8. <u>7.</u> -9. <u>a</u> 8. Guaranty association assessment(s) credit 40. Rural and/or urban high-crime area job tax credits 9. 11. State housing tax credit 11. <u>10.</u> 42. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) 12 <u>11.</u> 43. New worlds reading initiative credit 13. 12. 44. Strong families tax credit (credit for contributions to eligible charitable organizations) 13 15. 45. Live Local program credit 14. 16. New markets tax credit 16 <u>15.</u> 47. Research and development tax credit <u>16.</u> 18. 18. Experiential learning tax credit program 17. 19. Credit for qualified railroad reconstruction or replacement expenditures 19. 18. -20. Residential graywater system tax credit <u>19</u> <u>19.</u> -24. Credit for manufacturing of human breast milk derived human milk fortifiers 21. 20. 20 -22. s.168(k), IRC, special bonus depreciation 22 21. 23. Depreciation of qualified improvement property (see instructions) 22 24. Expenses for business meals provided by a restaurant (see instructions) 24. <u>23.</u> 25. Film, television, and live theatrical production expenses (see instructions) 25 <u>24.</u>

Schedule II — Subtractions from Federal Taxable Income							
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$	1.						
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ (b) less direct and indirect expenses \$ Total	2.						
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV. 3. Florida net operating loss carryover deduction (see instructions)	3.						
4. Florida net capital loss carryover deduction (see instructions)	4.						
5. Florida excess charitable contribution carryover (see instructions)	5.						
6. Florida employee benefit plan contribution carryover (see instructions)	6.						
7. Nonbusiness income (from Schedule R, Line 3)	7.						
8. Eligible net income of an international banking facility (see instructions)	8.						
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.						
10. Depreciation of qualified improvement property (see instructions)	10.						
11. Film, television, and live theatrical production expenses (see instructions)	11.						
12. Other subtractions (attach schedule)	12.						
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13.						



9.

Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)

NAME FEIN TAXABLE YEAR ENDING

Sc	chedule III — Appo	ortionment of A	djusted Fed	eral l	Income							
III-A	For use by taxpayers doing	business outside Flor	ida, except those	providii	ng insurance or t	ransport	ation services.					
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominate		(c) Col. (a) ÷ Co Rounded to Six Places	Decimal	If any factor in	(d) Weight If any factor in Column (b) is ze see note on Page 9 of the instruct		(e) Weighted Factors Rounded to Six Decimal Places		
1. I	Property (Schedule III-B below)						X 259	% or				
2. I	Payroll						X 259	% or				
	Sales (Schedule III-C below)						X 509	% or				
4. /	Apportionment fraction (Sum o	of Lines 1, 2, and 3, Colu	mn [e]). Enter here	and on					TA 1 5 15			
III-B	For use in computing avera	age value of property (u	ıse original cost).	a. Be	WITHIN F ginning of year		nd of year	c. Beginning of		RYWHERE d. End of year		
1. I	Inventories of raw material, wo	ork in process, finished go	oods									
	Buildings and other depreciable	le assets										
	Land owned											
	Other tangible and intangible (f	inancial org. only) assets	(attach schedule)									
6. /	Total (Lines 1 through 4) Average value of property a. Add Line 5, Columns (a) and b. Add Line 5 Columns (c) and	d (b) and divide by 2 (for	within Florida)	6a				6b				
7. I	b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)											
á	Total (Lines 6 and 7). Enter on a. Enter Lines 6a. plus 7a. and Column (a) for total average b. Enter Lines 6b. plus 7b. and Column (b) for total average	d also enter on Schedule e property in Florida d also enter on Schedule	III-A, Line 1,	8a. <u> </u>				. 8b				
III-C	Sales Factor						TOTAL WITH	a) HIN FLORIDA erator)	тс	(b) DTAL EVERYWHERE (Denominator)		
1. \$	Sales (gross receipts)						N	/A				
	Sales delivered or shipped to l	<u> </u>								N/A		
	Other gross receipts (rents, ro	<u> </u>										
4.	TOTAL SALES (Enter on Sche	edule III-A, Line 3, Colum	ins [a] and [b])									
	Special Apportionment Frac				(a) WITHIN FLO	RIDA	(b) TOTAL E	VERYWHERE	(c) FL0 Rour	ORIDA Fraction ([a] ÷ [b]) nded to Six Decimal Places		
	Insurance companies (attach on Transportation services	copy of Schedule 1–Annu	ual Report)									
۷.	Transportation services											
S	chedule IV — Con	nputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income					
1.	Apportionable adjusted fed	deral income from Page 1	I, Line 6					1.				
2.	Florida apportionment frac	tion (Schedule III-A, Line	4)					2.				
3.	3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)				3.							
4.	Net operating loss carryov	er apportioned to Florida	(attach schedule;	see instr	uctions)			4.				
5.	Net capital loss carryover a	apportioned to Florida (at	tach schedule; see	instruct	ructions)			5.	5.			
6.	6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see inst				le; see instruction	6.						
7.	Employee benefit plan con	tribution carryover appor	tioned to Florida (a	ttach sc	hedule; see instru	ctions)		7.				
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)					8.	8.					

9.



NAME FEIN TAXABLE YEAR ENDING

ľ	NAIVIE	FEIN TAXABLE	YEAR ENDING
	Sc	hedule V — Credits Against the Corporate Income/Franchise Tax	
	1.	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
	2.	Capital investment tax credit (attach certification letter)	2.
	3 .	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
<u>3.</u>	4.	Community contribution tax credit (attach certification letter)	4. <u>3.</u>
<u>4.</u>	-5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5. <u>4.</u>
<u>5.</u>	-6.	Rural job tax credit (attach certification letter)	6. <u>5.</u>
<u>6.</u>	7 .	Urban high-crime area job tax credit (attach certification letter)	7. <u>6.</u>
<u>7.</u>	-8.	Hazardous waste facility tax credit	8. <u>7.</u>
<u>8.</u>	-9.	Florida alternative minimum tax (AMT) credit	9. <u>8.</u>
<u>9.</u>	10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	-10. <u>9.</u>
<u>10.</u>	-11.	Child care tax credits	-11. <u>10.</u>
<u>11.</u>	-12.	State housing tax credit (attach certification letter)	12. <u>11.</u>
<u>12.</u>	13.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	13. <u>12.</u>
<u>13.</u>	14.	New worlds reading initiative credit (attach certificate)	14. <u>13.</u>
<u>14.</u>	-15.	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	15. <u>14.</u>
<u>15.</u>	10.	Live local program credit (attach certificate)	16. <u>15.</u>
	17.	New markets tax credit 16. Rural Community Investment Program (attach final order)	17. <u>16.</u>
	18.	Research and development tax credit	18.
	19.	Experiential learning tax credit	19.
	20.	Credit for qualified railroad reconstruction or replacement expenditures	20.
	21.	Residential graywater system tax credit	21.
	22.	Credit for manufacturing of human breast milk derived human milk fortifiers	22.
	23.	Individuals with unique abilities tax credit program	23.
	24.	Other credits (attach schedule)	24.
	25.	Total credits against the tax (sum of Lines 1 through 24 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	25.

Sche	dule R — Nonbusiness Income				
Line 1.	Nonbusiness income (loss) allocate Type	ed to Florida		Amount	
	<u> </u>			Amount	
	Total allocated to Florida		1		
	(Enter here and on Page 1, Line 8)				
Line 2.	Nonbusiness income (loss) allocate	ed elsewhere			
	<u>Type</u>	State/country allocated to		<u>Amount</u>	
		· · · · · · · · · · · · · · · · · · ·			
	Total allocated elsewhere		2		
Line 3.	Total nonbusiness income				
	Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II. Line 7))	3		



NAME FEIN TAXABLE YEAR ENDING

:	Estimated Tax Workshe	et For Taxable Years Beginnin	g On or After January 1, 2025	,			
1. 2.		axable yearembers of a controlled group, see instru		1.	\$		
	Florida Form F-1120N)			. 2.	\$		
3.		e (Line 1 less Line 2)					
1.	Total Estimated Florida tax (5	5.5% of Line 3)	\$				
	Less: Credits against the tax	5.5% of Line 3)	\$	4.	\$		
			·		•		
5.	Computation of installments:						
	Payment due dates and payment amounts:	If 6/30 year end, last day of 4th montl otherwise last day of 5th month - Ent					
Last day of 6 th month - Enter 0.25 of Line 4							
		Last day of 9 th month - Enter 0.25 of I					
		<u>. </u>					
		Last day of taxable year - Enter 0.25	of Line 4 5a				
		nated tax should change during the yea the amended amounts to be entered o					
1. 2.	Amended estimated tax Less:		1.	\$			
	(a) Amount of overpayment	from last year elected for credit					
	to estimated tax and app	olied to date	2a \$				
	(b) Payments made on estin	nated tax declaration (Florida Form F-11	120ES) 2b \$				
		(b)					
3.	Unpaid balance (Line 1 less	Line 2(c))		\$			
1.	Amount to be paid (Line 3 div	vided by number of remaining installme	ents) 4.	\$			

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at **floridarevenue.com/forms**.

	The forms are available online at floridarevenue.com/forms .	
Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
-Form F-1156Z	Florida Enterprise Zone Jobs Gredit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.