## Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/17

Rule 12C-1.051 Florida Administrative Code Effective 01/17

Name Address City/State/ZIP

0	Use black ink. Example A - Handwritten Example B - Typed  1 2 3 4 5 6 7 8 9 0123456789 beginning ending		r tax ye	ear					re if a	-	hang	es ha	ive b	een m	ade to		7
	Year end date	•				D	OR ı	ıse		7	$\overline{}$	, [		<b>—</b>			
Fe	deral Employer Identification Number (FEIN)						only	/						/			
	Computation of Florida Net Income Tax			_				–US	Dol	lars				$\overline{}$		Ce	nts
1.	Federal taxable income (see instructions).	Check here															
0	Attach pages 1–5 of federal return	if negative	1		ولسا			ш,	لسار			اوا			-		
۷.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative	2		Ω,												
3.	Additions to federal taxable income (from Schedule I)	Check here if negative	3		Ú,												
4.	Total of Lines 1, 2, and 3	Check here if negative	4														
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative	5		Ú,							Ĺ			•		
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative	6														
7.	Florida portion of adjusted federal income (see instructions)	it	heck her f negative		7.							Ĺ					
8.	Nonbusiness income allocated to Florida (from Schedule R)		heck her f negative		8.							Ĺ			•		
9.	Florida exemption				9.			ĺ									
10.	,				10.												
11.	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever (see instructions for Schedule VI)	0			11.										•		
12.	Credits against the tax (from Schedule V)				12.							Ĺ					
13.	Total corporate income/franchise tax due (Line 11 minus Line 12).				13.												
_	Payment Coupon for Florida Corporate Inc.  To ensure proper credit to your account of the second of	nt, enclos , <mark>return is</mark>	se you s due	ur che <mark>1st d</mark> a	ay of	vith <b>the</b>	tax 4th	retu <mark>mon</mark>	th a	hei /hei	n m the	ailin clos	e of		taxal	R. 01 ole y	
									_ US [	OLLA	ARS -					CEN	NTS
	Enter name and address, if not pre-addressed:	To	otal amo		ue			Ш,				<u>,                                     </u>					
			Total of from L									,					
	Name Address		Total r from L									,			_		
	City/St ZIP	Ente	FE er FEIN if not		ssed												
			7,	-]				2								Γ	_



14.	a) Penalty: F-2220	b) Other							-	. —						1 —
	c) Interest: F-2220	d) Other	Line	e 14 Total	<b>1</b> 4.									_		
										, ——, , ——,				-		1 -
15.	Total of Lines 13 and 14				15.											
16.	Payment credits: Estimate	ed tax payments 16a	\$						- I	,				-		
	Tentative	e tax payment 16b	\$		16.											
17.	Total amount due: Subtract	Line 16 from Line 15.	f positive, enter amount					7		,;	,			-		
	due here and on payment of															
	enter on Line 18 and/or Lin				17.			<b></b>		إلـــا ا	لسار					
18.	Credit: Enter amount of over		•													
	here and on payment coup	on			18.			<del>_</del>		إلـــا لـ	لسار			-		i L
19.	Refund: Enter amount of o	overpayment to be refu	ınded here and on payme	ent coupo	n 19.			<b></b>		إلـــا ا	لسار			•		i L
		ned, or improperly signed	red incomplete unless a I and verified, it will be subject	t to a pena	lty. The sta	atute of	limitatio			art unt	il your	r retu	rn			
	Under populties of pe		gned and verified. Your return mined this return, including accon		•			o tho ho	et of m	, knowl	odao a	nd be	liof it is	truo.	corro	ot
			axpayer) is based on all information					o trie be	St Of III	y KIIOWI	euge a	nu be	ilei, it is	s ii ue,	COITE	۸۱,
Sign he	re				Title											
Signifie	Signature of officer (must	be an original signature)	Date		Title											
	Duanavaria				Preparer		Prepare	er's				$\equiv$				$\equiv$
Paid	Preparer's signature		Date		check if self- employed	-	PTIN									
prepare												$\overline{}$	+			+
only	Firm's name (or yours if self-employed)				FEIN							Ш				
	and address				ZIP											
		All Taxpayers Must	Answer Questions <b>A</b> Th	rough <b>M</b>	Below	– Se	e Instr	uctior	าร							
Α. 8	State of incorporation:		Н	-2. Part of	a federal co	nsolidate	ed return?	YES	ом 🗖	☐ If :	yes, pr	ovide	:			
B. F	Florida Secretary of State document	number:		FEIN fro	om federal c	onsolida	ted return	n:								
C. F	Florida consolidated return?	res 🔲 no 🔲		Name o	of corporation	n:										
	Initial return 🔲 Final return (fin			-3. The fed	leral commo	n parent	has sales	, propert	y, or pa	yroll in	Florida	? <b>YE</b>	s 🔲	ио [		
E. 1	Taxpayer election section (s.) 220.03(	5), Florida Statutes (F.S.)	General Rule I.	Locatio	n of corpora	ate books	3:									
Į	☐ Election A ☐ Election B			City: _						State: _			_ ZIP:			
F. F	Principal Business Activity Code (as p	pertains to Florida)	J.	. Taxpaye	er is a memb	ber of a F	Florida pa	rtnership	or joir	ıt ventu	re? YE	s 🗆	NO			
			К	. Enter d	ate of latest	IRS aud	it:		_							
C /	A Florida extension of time was timely	A FIRM OF THE PROPERTY OF THE		a) List y	ears examir	ned:										
_	Corporation is a member of a control		L.	. Contac	t person cor	ncerning	this retur	n:								
п-1.	corporation is a member of a control	led group? YES - NO -	ii yes, attacii iist.	a) Cont	act person t	telephone	e number	:(	)							
					act person e											
			M	<ol> <li>Type of</li> </ol>	federal retu	rn filed	1120	1120	0S or _							
\ <b>\</b> /	a ta Canal Daymaa	ata and Datum														
wner	e to Send Paymer	its and Return	IS	Re	emen	nbe	r:									
	neck payable to and mail															
	orida Department of Rev	enue		$\checkmark$	Make	you	r che	ck pa	ayab	le to	the	÷				
	050 W Tennessee Street Illahassee FL 32399-013	E			Florid	da De	partr	nent	of F	leve	nue.					
18	Illanassee FL 32399-013	0			\A/-:!+ -											
If you ar	e requesting a <mark>refund</mark> (L	ine 19), send your re	eturn to:	<b>V</b>	Write	you	r FEIN	on y	your	cne	CK.					
	orida Department of Rev	enue		<b>✓</b>	Sign	your	chec	k and	d ret	urn.						
	O Box 6440	_		•	9	, - •										
Та	ıllahassee FL 32314-644	0														
				$\checkmark$	Attac	h a c	ору с	of you	ur fe	dera	al re	turı	n.			
								_								
				$\checkmark$	Attac	n a c	ору о	or you	ur Fl	orid	a					

Form F-7004 (extension of time) if

applicable.



		.,	
Schedule I — Additions and/or Adju	stments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see i	nstructions)	1.	1.
2. Undistributed net long-term capital gains (see instru	ctions)	2.	2.
Net operating loss deduction (attach schedule)		3.	3.
4. Net capital loss carryover (attach schedule)		4.	4.
5. Excess charitable contribution carryover (attach sch	edule)	5.	5.
6. Employee benefit plan contribution carryover (attack	n schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)		7.	7.
8. Ad valorem taxes allowable as enterprise zone prop	erty tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit		9.	9.
10. Rural and/or urban high crime area job tax credits		10.	10.
11. State housing tax credit		11.	11.
12. Credit for contributions to nonprofit scholarship fund	ding organizations	12.	12.
13. Renewable energy tax credits		13.	13.
14. New markets tax credit		14.	14.
15. Entertainment industry tax credit		15.	15.
16. Credits for spaceflight projects		16.	16.
17. Research and Development tax credit		17.	17.
18. Energy Economic Zone tax credit		18.	18.
19. s.168(k), IRC special bonus depreciation		19.	19.
20. Other additions (attach schedule)		20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Ent Page 1, Line 3 (of Florida Form F-1120). Column (l	er totals for each column on Line 21. Column (a) total is also entered on b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II — Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$  (b) plus s. 862, IRC, dividends \$  (c) less direct and indirect expenses \$  Total	1.	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.	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.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
Eligible net income of an international banking facility (see instructions)	8.	8.
9. s.179, IRC, expense (see instructions)	9.	9.
10. s. 168(k), IRC, special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach schedule)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5		12.



5	Schedule III – Appo	ortionment of Ad	djusted Fed	leral	Income					
111-7	A For use by taxpayers doing	business outside Florid	da, except those	providin	g insurance or t	ransport	ation services.			
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato	— —	Rounded to Six Decimal		(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instruction			(e) Weighted Factors Rounded to Six Decimal Places
1.	Property (Schedule III-B below)						X 25	5% or		
2.	. Payroll						X 25	5% or		
3.	. Sales (Schedule III-C below)						X 50	)% or		
4.	. Apportionment fraction (Sum	of Lines 1, 2, and 3, Colur	mn [e]). Enter here	and on	Schedule IV, Line	2.				
111-1	B For use in computing avera	nge value of property (us	e original cost)		WITHIN F	LORIDA		TO	TAL EVE	RYWHERE
111-	b Tor use in computing avera	ige value of property (us	e original cost).	a. Be	ginning of year	b. E	End of year	c. Beginning of	year	d. End of year
1.	. Inventories of raw material, wo	ork in process, finished go	oods							
2.	. Buildings and other depreciab	ole assets								
3.	. Land owned									
4.	. Other tangible and intangible (f	financial org. only) assets (	attach schedule)							
5.	. Total (Lines 1 through 4)									
	Average value of property     a. Add Line 5, Columns (a) and     b. Add Line 5, Columns (c) and	d (d) and divide by 2 (for t						6b		
7.	<ul> <li>Rented property (8 times net a</li> <li>a. Rented property in Florida</li> <li>b. Rented property Everywher</li> </ul>	,						7b		
8.	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 I e property in Florida d also enter on Schedule	II-A, Line 1,  III-A, Line 1,	8a. <u> </u>				8b		
111-0	C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	ТС	(b) DTAL EVERYWHERE (Denominator)
1.	. Sales (gross receipts)						1	V/A		
2.	. Sales delivered or shipped to	Florida purchasers								N/A
3.	Other gross receipts (rents, ro	yalties, interest, etc. wher	applicable)							
4.	. TOTAL SALES (Enter on Sche	dule III-A, Line 3, Column	s [a] and [b])							
	D Special Apportionment Frac				(a) WITHIN FLOR	RIDA	(b) TOTAL E	EVERYWHERE		ORIDA Fraction ([a] ÷ [b]) ded to Six Decimal Places
1.	Insurance companies (attach o	copy of Schedule T-Annu	al Report)							
2.	Transportation services									

S	chedule IV — Computation of Florida Portion of Adjusted Federal I	ncome	
		Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1.	Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2.	Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



So	chedule V — Credits Against the Corporate Income/Franchise Tax	
1.	Florida health maintenance organization 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.
4.	Community contribution tax credit (attach certification letter)	4.
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6.	Rural job tax credit (attach certification letter)	6.
7.	Urban high crime area job tax credit (attach certification letter)	7.
8.	Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9.	Hazardous waste facility tax credit	9.
10.	Florida alternative minimum tax (AMT) credit	10.
11.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12.	State housing tax credit (attach certification letter)	12.
13.	Credit for contributions to nonprofit scholarship-funding organizations (attach certificate)	13.
14.	Florida renewable energy technologies investment tax credit	14.
15.	Florida renewable energy production tax credit	15.
16.	New markets tax credit	16.
17.	Entertainment industry tax credit	17.
18.	Credits for spaceflight projects	18.
19.	Research and Development tax credit	19.
20.	Energy Economic Zone tax credit	20.
21.	Other credits (attach schedule)	21.
22.	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11).  Enter total credits on Page 1, Line 12	22.

Sc	Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)					
1.	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.				
2.	State income taxes deducted in computing federal taxable income (attach schedule)	2.				
3.	Additions to federal taxable income (from Schedule I, Column [b])	3.				
4.	Total of Lines 1 through 3	4.				
5.	Subtractions from federal taxable income (from Schedule II, Column [b])	5.				
6.	Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.				
7.	Florida portion of adjusted federal income (see instructions)	7.				
8.	Nonbusiness income allocated to Florida (see instructions)	8.				
9.	Florida exemption	9.				
10.	Florida net income (Line 7 plus Line 8 minus Line 9)	10.				
11.	Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.				



	Туре	loss) allocated to Florida	<u>Amount</u>
		 a	1
		e 1, Line 8 or Schedule VI, Line 8 for AMT)	
	<u>Туре</u>	loss) allocated elsewhere State/country allocated to	<u>Amount</u>
		~e	_
Line 3.	Total nonbusiness income Grand total. Total of Lin (Enter here and on Sche	es 1 and 2	3.
	F.	Estimated Tax Worksheet	
		r Taxable Years Beginning On or After Ja	
1. 2.	Florida exemption \$50,000	n taxable year Members of a controlled group, see instructions on Page 1	4 of
3.		me (Line 1 less Line 2)	
4.	Less: Credits against the ta * Taxpayers subject to federal alte	(5.5% of Line 3)* \$s ax	4. \$
5.	Computation of installment	es:	
	Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4	5a
		Last day of 6th month - Enter 0.25 of Line 4	
		Last day of 9 <sup>th</sup> month - Enter 0.25 of Line 4	
		Last day of taxable year - Enter 0.25 of Line 4	5d
		mated tax should change during the year, you may use the the amended amounts to be entered on the declaration	
1. 2.	Amended estimated tax Less:		1. \$
		nt from last year elected for credit	
		ed to date	
		timated tax declaration (Florida Form F-1120ES)2b \$ 2(b)	
	(C) TOTAL OF LINES MALANTI		
3.		s Line 2(c))	