Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/13

Rule 12C-1.051
Florida Administrative Code

			Name Address City/State/ZIP							ective (11/13				
	Use black ink. Example A - Handwritten Example B - Typed O 2 3 4 5 6 7 8 9		-			heck he ame or			hange	s ha	ve be	en ma	de to		7
	Year end date _			[]]		R use			/	'		/			
	Computation of Florida Net Income Tax					U:	S Dol	llars						Cer	 າts ∣
1.	Federal taxable income (see instructions).	k here										ı			Пİ.
	Attach pages 1–5 of federal return if neg	gative	1.	_			<u>, </u>		<u>ا</u> لـــا ا	,Ш			•		
2.		ck here gative	2.] [],											
3.		ck here gative	3.							,					
4.	Total of Lines 1, 2, and 3 Chec if neg	ck here gative	4.	<u> </u>			\bigsqcup		Щ,						
5.	Subtractions from federal taxable income (from Schedule II) if neg	ck here gative	5.	<u> </u>			$oldsymbol{\sqcup}$		<u> </u>				•		
6.	Adjusted federal income (Line 4 minus Line 5)	ck here gative	6.	<u> </u>					Щ,						
7.	Florida portion of adjusted federal income (see instructions)	Check if nega		7.											
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check if nega		8.					lШ,						
9.	Florida exemption			9.						,					
	Florida net income (Line 7 plus Line 8 minus Line 9)			10.					<u> </u>						
	(see instructions for Schedule VI)			11.			,								
12.	Credits against the tax (from Schedule V)			12.					IШ,						
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			13.			\Box								
Payment Coupon for Florida Corporate Income Tax Return Do not detach coupon. To ensure proper credit to your account, enclose your check with tax return when mailing. Return is due 1st day of the 4th month after close of the taxable year.															
	Check here if you transmitted funds electronically	Total am	ount d	- 11			US DC	LLAR	s —					CENTS	1
	Enter name and address, if not pre-addressed:		credit][]										
	Name	Total i													
	Address City/St/ZIP	FE Enter FEIN if no	IN t pre-addre	essed											
		R-	1			2								Γ	_



14.	a) Penalty: F-2220 b) Other		_
	c) Interest: F-2220 d) Other	Line 14 Total ➤ 14	_
		noninonino oc	-
15.	Total of Lines 13 and 14	151515.	
16.	Payment credits: Estimated tax payments 16a \$	noníonaíona ac	_
	Tentative tax payment 16b \$		
17	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount		
	due here and on payment coupon. If the amount is negative (overpayr enter on Line 18 and/or Line 19	ment),	
18.	Credit: Enter amount of overpayment credited to next year's estima	ated tax	_
	here and on payment coupon		
	Tiore and on paymont deapon		_
19.	Refund: Enter amount of overpayment to be refunded here and on	payment coupon 19.	_
		nless a copy of the federal return is attached. Ity. The statute of limitations will not start until your return is properly signed and verified. Your	
		ng accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct,	
	and complete. Declaration of preparer (other than taxpayer) is based on all in	nformation of which preparer has any knowledge.	_
Sign he		Title	
	Signature of officer (must be an original signature) Date	Preparer Preparer's	-
Paid	Preparer's	check if self-	
prepar	signature Date	te employed	_
only	Firm's name (or yours	FEIN	
	if self-employed)		-
	and address	ZIP	_
	All Taxpavers Must Answer Questions	s A Through M Below — See Instructions	
	· ·		-
Α.	State of incorporation:	H-2. Part of a federal consolidated return? YES \(\bigcap\) NO \(\bigcap\) If yes, provide:	
B.	Florida Secretary of State document number:	FEIN from federal consolidated return:	
C.	Florida consolidated return? YES NO	Name of corporation:	
D.	Initial return Final return (final federal return filed)	H-3. The federal common parent has sales, property, or payroll in Florida? YES \square NO \square	
E.	Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) 🔲 General Rule	Location of corporate books:	
	☐ Election A ☐ Election B	City: State: ZIP:	
F.	Principal Business Activity Code (as pertains to Florida)	J. Taxpayer is a member of a Florida partnership or joint venture? YES NO	
		K. Enter date of latest IRS audit:	
G.	A Florida extension of time was timely filed? YES \(\bigcup \) NO \(\bigcup \)	a) List years examined:	
H-1.	Corporation is a member of a controlled group? YES \(\bigcup \) NO \(\bigcup \) If yes, attach list.	L. Contact person concerning this return:	_
		a) Contact person telephone number: ()	_
		M. Type of federal return filed \square 1120 \square 1120S or	
Wher	e to Send Payments and Returns	Remember:	
	heck payable to and mail with return to:		
	lorida Department of Revenue	Make your check payable to the Florida	
	050 W Tennessee Street	Department of Revenue.	
	allahassee FL 32399-0135	·	
'	ananassee L 02033-0100	Write your FEIN on your check.	
lf you a	re requesting a refund (Line 19), send your return to:		
		L / Sign your shock and return	
	lorida Department of Revenue	✓ Sign your check and return.	
F		Sign your check and return.	
F	lorida Department of Revenue	Sign your check and return.	
F	lorida Department of Revenue O Box 6440	Sign your check and return.	

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



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Schedule I — Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property 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 funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. s.179, IRC expense above \$128,000	14.	14.
15. s.168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Research and Development tax credit	18.	18.
19. Energy Economic Zone tax credit	19.	19.
20. Other additions (attach statement)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is als Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	so entered on 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 \$	1.	1.	
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.	3.	
Florida net operating loss carryover deduction (see instructions)	0.	0.	
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.	
8. 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 statement)	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.	12.	



Schedule III — Apportionment of Adjusted Federal Income

III-A	For use by taxpayers doing	business outside Flori	da, except those	providin	g insurance or t	ransporta	ation services.				
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato		1 ' '	Col. (a) ÷ Col. (b)		(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.		(e) Weighted Factors Rounded to Six Decimal Places	
1. F	Property (Schedule III-B below)						X 2	5% or			
2. F	Payroll						X 25	5% or			
3. S	Sales (Schedule III-C below)						X 50	0% or			
4. A	Apportionment fraction (Sum of	of Lines 1, 2, and 3, Colu	mn [e]). Enter here	and on	Schedule IV, Line	2.					
III-B	For use in computing avera	ge value of property (us	se original cost).	a. Be	WITHIN F		End of year	c. Beginning of		d. End of year	
1. lr	nventories of raw material, wo	ork in process, finished go	oods							-	
2. E	Buildings and other depreciab	le assets									
3. L	and owned										
4. C	Other tangible and intangible (f	financial org. only) assets	(attach schedule)								
5. T	otal (Lines 1 through 4)										
a b	Average value of property 1. Add Line 5, Columns (a) and 2. Add Line 5, Columns (c) and 3. Rented property (8 times net a	d (d) and divide by 2 (for						6b			
а	i. Rented property in Florida D. Rented property Everywher	·······		7a				7b			
а	8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida										
III-C S	Sales Factor							(a) THIN FLORIDA merator)	TC	(b) DTAL EVERYWHERE (Denominator)	
1. S	Sales (gross receipts)						1	V/A			
2. Sales delivered or shipped to Florida purchasers									N/A		
3. C	Other gross receipts (rents, ro	yalties, interest, etc. whe	n applicable)								
4. T	OTAL SALES (Enter on Sche	dule III-A, Line 3, Column	ıs [a] and [b])								
III-D S	Special Apportionment Frac	etions (see instructions)			(a) WITHIN FLOF	RIDA	(b) TOTAL I	EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b] Rounded to Six Decimal Places		
1. lr	nsurance companies (attach o	copy of Schedule T-Annu	ıal Report)								
2. T	ransportation services										
S	chedule IV — Con	nputation of Flo	rida Portio	n of A	djusted Fe	deral	Income				
							Col	lumn (a)		Column (b)	
							Ac	djusted ral Income		Adjusted AMT Income	
1.	Apportionable adjusted fed	deral income from Page 1	, Line 6 (or Line 6,	Schedu	le VI for AMT in C	ol. [b])	1.		1.		
2.	Florida apportionment frac	ction (Schedule III-A, Line	4 or Schedule III-I	D, Colum	nn [c])		2.		2.		
3.	Tentative apportioned adju	isted federal income (mul	tiply Line 1 by Line	e 2)			3.		3.		
4.	Net operating loss carryov	er apportioned to Florida	(attach schedule;	see inst	ructions)		4.		4.		
5.	Net capital loss carryover	apportioned to Florida (at	tach schedule; se	e instruc	tions)		5.		5.		
6.	Excess charitable contribu	ition carryover apportione	ed to Florida (attac	h sched	ule; see instructio	ns)	6.		6.		
7.	Employee benefit plan con	ntribution carryover appor	tioned to Florida (attach so	chedule; see instr	uctions)	7.	7. 7.			
8.	Total carryovers apportion	ed 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.			



** *****	1 2114	,, , , , , , , , , , , , , , , , , , ,
Sc	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.	Child care tax credits (attach certification letter)	12.
13.	State housing tax credit (attach certification letter)	13.
14.	Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15.	Florida renewable energy technologies investment tax credit	15.
16.	Florida renewable energy production tax credit	16.
17.	New markets tax credit	17.
18.	Entertainment industry tax credit	18.
19.	Jobs for the unemployed tax credit	19.
20.	Research and Development tax credit	20.
21.	Energy Economic Zone tax credit	21.
22.	Other credits (attach schedule)	22.
23.	Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

So	hedule 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.



	<u>Type</u>			<u>A</u>	<u>mount</u>
		2 8 or Schedule VI, Line 8 for AMT)			
		State/country allocated to			<u>mount</u>
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 an (Enter here and on Schedule II)				
	For Taxa	Estimated Tax Worksheet ble Years Beginning On or After Januar	y 1, 2013		
1.	Florida income expected in taxable	e year		1.	\$
2.		s of a controlled group, see instructions on Page 14 of		2.	\$
3.					
4.	Total Estimated Florida tax (5.5% of Less: Credits against the tax	1 less Line 2) \$ of Line 3)* \$ minum tax must compute Florida alternative r of these two computations.		4.	\$
5.	Computation of installments: The payment for June 2013 is du	e on or before June 28, 2013.			
	Payment due dates and	Last day of 4 th month - Enter 0.25 of Line 4			
	payment amounts:	Last day of 6th month - Enter 0.25 of Line 4 Last day of 9th month - Enter 0.25 of Line 4			
		Last day of fiscal year - Enter 0.25 of Line 4			
		I change during the year, you may use the amended cor amounts to be entered on the declaration (Florida Form I	•		
1.	Amended estimated tax			1.	\$
	Less:				·
	(a) Amount of overpayment from				
		te2a \$			
	* /	tax declaration (Florida Form F-1120ES) 2b \$			
	* * * * * * * * * * * * * * * * * * * *				
3.		(c))by number of remaining installments)			
4.		ny nymhar at ramaining inatallmental		- 1	M*

Change of Address	or Business Name	CHANGE	FEIN of entity					
Complete this form, sign it, and mail M		IN New	Business location					
it to the Department if:	Florida Department of Revenue	Location Address	City	State	7IP			
The address below is not correct.The business location changes.	5050 W Tennessee St Tallahassee FL 32399-0100		•					
 The corporation name changes. 			Business telephone (•			
			In care of					
	100	New Mailing	Mailing address					
F _1 1		Address	City	State_	ZIP			
			Owner's telephone ()	County			
		New						
		Business Name	DBA					
Signature of Officer (Required)	Date	New Corporation	on					
orginature of Officer (Hequireu)	Date	Name						
	9100 0 201299	999 00	102005999 5	399999	9999 (0000	2	
F1					_			
Rule 12C-1.051	rida Department of Revenue - (=				7004 1/13
Florida Administrative Code Effective 01/13	Florida Tentative Income / Facturn and Application for Extension			1				
					0123	1567	00	
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Write your numbers as si	lowit and enter one number per box.		FEIN					
Name	7/11/1		Taxable year end	۸۰	Corporat	ion Pa	rtno	rehin
Address	- / WW 1			FILING	STATUS ("X" in	1011 1 4		Silip
City/St/ZIP	, , , ,		M M D D Y		ox only)			
				US DOL	LARS ——	<u> </u>	CEN	NTS
			Tentative tax due (See reverse side)					
Under penalties of perjury, I declare that I have the application, and that to the best of my knowledge.	peen authorized by the above-named taxpayer to n ge and belief the statements herein are true and co	make this				•		
Sign here:	Date:			Check he	re if you trar ctronically	nsmitted		
Make checks payable to and mail to: Florida Dep	partment of Revenue, 5050 W Tennessee St, Tallahas	see FL 32399-	0135		,			
	9100 0 201299	99 00	102005030 3	399999	9999 (0000	2	
F. 100 4 054	Florida Department of Revenue —	- Corpora	te Income Tax			F	-112	20ES
Rule 12C-1.051 Florida Administrative Code Effective 01/13 Decla	aration/Installment of Florida Es	timated I	ncome/Franchise	7			R. 0	1/13
Tax	for Taxable Year Beginning on	or After	January 1, 2013	╝	Instal	lment	#	
You must write within the boxes	0123456789	If typing	type through the boxe	e	0123	4567	89	$\overline{\Box}$
You must write within the boxes. (e) Write your numbers as sh	nown and enter one number per box.	ii typing,		(example)		72.2		
	1100		FEIN					
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Make chacks naughlo to and mail to Floride De-	funds electronically partment of Revenue, 5050 W Tennessee St, Tallahas		0135	only	M M I	D C	Υ	Υ
make offeons payable to allu mail to i folida De	parametric of the ventue, 5000 vv Territessee Ot, Tallallas	1000 I L 02033-	0100					

Closing or Sale of Business or Change of Legal Entity _ . If you change your legal entity and are continuing to do business in Florida and the corporation is registered for Sales and Use Tax, you must complete a new Florida Business Tax Application (Form DR-1), formerly called an Application to Collect and/or Report Tax in Florida. The business was closed permanently on ____/ ____. (The Department will remove your corporate income tax obligation as of this date.) Are you a corporation/partnership required to file sales and use tax returns? Yes No. The business was sold on ____/ ____. The new owner information is: Telephone number of new owner: (______) ____ Name of new owner: Mailing address of new owner: ____ ZIP: City: State: Sales and Use Tax **FEIN** Certificate Number Signature of officer (Required) ___ ______Date _____Telephone number (__ Information for Filing Florida Form F-7004 F-7004 R. 01/13 When to file — File this application on or before the original due date of the taxpayer's **A.** If applicable, state the reason you need the extension: corporate income tax or partnership return. Do not file before the end of the tax year. To file online go to www.myflorida.com/dor Penalties for failure to pay tax — If you are required to pay tax with this application, **B.** Type of federal return filed:____ failure to pay will void any extension of time and subject the taxpayer to penalties and Contact person for questions: interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty Telephone number: (_____) for a late-filed return when no tax is due. **Signature** — A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Florida Income/Franchise Accountant qualified to practice before the IRS under Public Law 89-332. **Extension of Time Request** Tax Due The Florida Form F-7004 must be filed - To receive an extension of time to file your 1. Tentative amount of Florida tax for the taxable year Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to 2. LESS: Estimated tax payments for the taxable year file a Florida return. An extension for Florida tax purposes may be granted, even though no federal 3. Balance due — You must pay 100% of the tax extension was granted. See Rule 12C-1.0222, F.A.C., for information on the tentatively determined due with this extension request requirements that must be met for your request for an extension of time to be valid. Transfer the amount on Line 3 to **Tentative tax due** on reverse side. Information for Filing Florida Form F-1120ES F-1120ES R. 01/13 1. Who must make estimated tax payments — Every domestic or foreign Contact person for questions:____ corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the Phone number: (_____) amount of income tax liability for the year will be more than \$2,500. 2. Due Date — The payment for June 2013 is due on or before June 28, 2013. To file online go to www.myflorida.com/dor Generally, estimated tax must be paid on or before the last day of the 4th,

6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.

- 3. Amended Declaration To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- 4. Interest and Penalties If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Estimated Tax Pa	Income/Franchise Tax	
Amount of this installment		1.
Amount of overpayment from estimated tax and applied to		2.
3. Amount of this payment (Line	e 1 minus Line 2)	3.

Transfer the amount on Line 3 to Estimated tax payment box on front.

Florida Administrative Code	Florida Department of Revenue — Corporate Income Tax	- 1	- 1		R. (20)1/
Effective 01/13	Declaration/Installment of Florida Estimated Income/Franchise Tax for Taxable Year Beginning on or After January 1, 2013		Insta	ıllmen	t #_	
You must write within t	the boxes. (example) O I 2 3 4 5 6 7 8 9 If typing, type through the boxes	28 (0123	4567	789	_
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City/St/ZIP	<u> </u>	US DOL	LARS		CE	N
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	Check here if you transmitted	Office use		•		Ť
Make checks payable to and m	funds electronically auil to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only		D D	Υ	
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Rule 12C-1.051 Florida Administrative Code	Florida Department of Revenue — Corporate Income Tax Declaration/Installment of Florida Estimated Income/Franchise	a	- 1	ا	F-11: R. 0	
Effective 01/13	Tax for Taxable Year Beginning on or After January 1, 2013		Ineta	ıllmen	+ #	
			0123			=
You must write within t	the boxes. (example) 0123456789 If typing, type through the boxesumbers as shown and enter one number per box.	S. (example)	ј уцер	450	/ 07	_ T
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City/St/ZIP	<u> </u>	US DOL	LARS -		CE	:N
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Make checks payable to and m	funds electronically ail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only		D D	Υ	
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	Florida Department of Revenue — Corporate Income Tax		- 1		F-11:	2
		_			R. 0)1
Rule 12C-1.051 Florida Administrative Code	Declaration/Installment of Florida Estimated Income/Franchise				H. C	
	Declaration/Installment of Florida Estimated Income/Franchise Tax for Taxable Year Beginning on or After January 1, 2013		Insta	ıllmen		
Florida Administrative Code Effective 01/13	Tax for Taxable Year Beginning on or After January 1, 2013	2S. (avannala)			t #	_
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Information for Filing Florida Form F-1120ES

- Who must make estimated tax payments Every domestic or foreign
 corporation or other entity subject to taxation under the provisions of Chapter
 220, Florida Statutes, must declare estimated tax for the taxable year if the
 amount of income tax liability for the year will be more than \$2,500.
- 2. Due Date The payment for June 2013 is due on or before June 28, 2013. Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year; 25 percent of the estimated tax must be paid with each installment.
- 3. Amended Declaration To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- 4. Interest and Penalties If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions:_	
Phone number: ()	

To file online go to www.myflorida.com/dor

	Estimated Tax Payment	Income/Franchise Tax
1.	Amount of this installment	1.
2.	Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3.	Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount on Line 3 to Estimated tax payment box on front.

Information for Filing Florida Form F-1120ES

F-1120ES R. 01/13

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