

Declaration/Installment of Florida Estimated Income/Franchise Tax

Installment # \_\_\_\_\_

You must write within the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
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 If typing, type through the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
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Write your numbers as shown and enter one number per box.

Name  
Address  
City/St  
ZIP

# F-1120ES

FEIN 

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Taxable year end 

M	M	D	D	Y	Y
---	---	---	---	---	---

Estimated tax payment  
(See reverse side)

US DOLLARS 

--	--	--	--	--	--	--	--

 CENTS 

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Check here if you transmitted funds electronically

Office use only 

M	M	D	D	Y	Y
---	---	---	---	---	---

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9100 0 20159999 0002005033 1 3999999999 0000 2

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## Information for Filing Florida Form F-1120ES

F-1120ES  
R. 01/15

- 1. 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** — 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: (\_\_\_\_\_) \_\_\_\_\_

Contact person email address: \_\_\_\_\_

To file online go to [www.myflorida.com/dor](http://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.

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