Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/16

Rule 12C-1.051 Florida Administrative Code Effective 01/16

Name Address City/State/ZIF

				(ار lty/	state/	ZIP									
	Use black ink. Example A - Handwritten Example B - Typed	<u> </u>						k here i		change	es ha	ve be	en ma	de to		
		_	r tax yea	ar			name	or add	ress							П
U	123456789 0123456789	beginning ending	,													
		Year end date		_			-									
Fe	deral Employer Identification Number (FEIN)	Tour one date				D	OR u only				1					
	Computation of Florida Net Inc	ome Tax		_					- !!	<u>*</u>				<u> </u>	0	
1.	Federal taxable income (see instructions).							-US D	ollar	s —				١	Cer	its
	Attach pages 1–5 of federal return	Check here if negative	1.													
2.	State income taxes deducted in computing federal	taxable income		\equiv								1				
	(attach schedule)	if negative	2.											_		
		Check here		\equiv	=						<u>"</u>			- 1	\equiv	
3.	Additions to federal taxable income (from Schedule	e I) if negative	3.													
		Check here		\Box	$\overline{}$		— i		7	7	<u></u>		$\overline{\Box}$	_	\equiv	$\overline{\Box}$
4.	Total of Lines 1, 2, and 3	if negative	4.		Ш,						,					
		Check here			mĺ			— ′ ⊢								
5.	Subtractions from federal taxable income (from Sch	nedule II) if negative	5.		Ш,	البار		اوا			,					
_		Check here			ГÍ			ПÍП								
6.	Adjusted federal income (Line 4 minus Line 5)	if negative	6.		,اللـــا	ا لـــار					,					
7	Florida nation of adjusted federal income (acc inst	wystians)	heck here		7											
7.	Florida portion of adjusted federal income (see inst	ructions)	rnegative		7.						لساو					
a	Nonbusiness income allocated to Florida (from Sch		heck here		8.											
0.	Norloasiness income anocated to Florida (nom scri	ledule Hy	rriegative		0.			_			,		Ш	•		
9.	Florida exemption				. 9.											
٠.					. 0.				_				\square	.		
10.	Florida net income (Line 7 plus Line 8 minus Line 9))			10.											
11.	Tax due: 5.5% of Line 10 or amount from Schedule	VI, whichever is greater										1			_	
	(see instructions for Schedule VI)				11.									_		
						$\overline{}$	—									
12.	Credits against the tax (from Schedule V)				12.											
13.	Total corporate income/franchise tax due (Line 11 r	ninus Line 12)			13.			ارا			اا					
											,					
	Payment Coupon for Florida Co	rnorate Income Ta	x Reti	ırn		Do	not (detaci	1 COI	ınon.					F-1	120
															ł. 01	
	To ensure proper credit to		_									•				
	YEAR M M D D Y Y	Return is due 1st	day of	the	4th	mon	th af	ter cl	ose	of the	tax	able	year			
	ENDING					<u> </u>		υ	S DOL	LARS -			—	I	CEN	NTS
		To	otal amo	unt d	ue											
	Check here if you transmitted funds electronically		from Li	ne 17							ا					
	Enter name and address, if not pre-addressed:		Total c													
			from Li								<u>, </u>					Ш
	Name		Total re													
	Address		from Li			ا لـــــا ,	 ,	<u></u> _	_					•		
	City/St	Ente	FEI er FEIN if not p	N ore-addre	essed											
	ZIP											لـــا،				
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	_															
							_ 4			7						

14.	a) Penalty: F-2220	b) Other						1	———	$\neg \vdash$		1		- —
	a) Penalty: F-2220 c) Interest: F-2220	d) Other	Line 14 T	otal 14.										
15.	Total of Lines 13 and 14			15					ΠſΓ]		
	Payment credits: Estimated			13.										
10.		tax payment 16b \$		16.										
17	Total amount due: Subtract L			10.					 		_	_] [
.,.	due here and on payment co									$\neg \vdash$	٦	1		1
	enter on Line 18 and/or Line			17.			ارا		ارول	IJL	╛╚			
18.	Credit: Enter amount of over	rpayment credited to next	year's estimated tax				п́Г		тíг		٦	1		1
	here and on payment coupo	n		18.					_اول_	$\sqcup L$	┚┖			
19.	Refund: Enter amount of ov	erpayment to be refunded	here and on payment co	upon 19.										
	Th	nis return is considered in	complete unless a conv	of the fede	ral retu	rn is a	ttache	ed.						
		ed, or improperly signed and ve		penalty. The sta	atute of I	imitatio			t until y	our ret	iurn			
		ury, I declare that I have examined t					o the bes	st of my l	knowledg	je and l	oelief, it	is true	, corre	ect,
	and complete. Declara	tion of preparer (other than taxpayer	is based on all information of wh	nich preparer has	any know	ledge.								
Sign he				Title										
	Signature of officer (must be	an original signature)	Date	/		Duamau								
Paid	Preparer's			Preparer check if self-	-	Prepare PTIN	ers			\top	\Box	\top		
prepare	signature		Date	employed										
only	Firm's name (or yours			FEIN										
	if self-employed) and address			ZIP										
		W.T	0 11 A TI									_		
		Il Taxpayers Must Answ							_					
	State of incorporation:	mhar		art of a federal co					-					
	•	s 🔲 no 🔲		EIN from federal o										
	Initial return Final return (final			ame of corporatione federal commo						-1-0 >				
	Taxpayer election section (s.) 220.03(5),			cation of corpora								NO I	_	
	Election A Election B	Tionaa otatatoo (1.o.) — aonorai		ty:										
E.	Principal Business Activity Code (as pe	rtains to Florida)		xpayer is a meml										
				nter date of latest					vontaro.					
			-	List years examin										
_	A Florida extension of time was timely f		L. G	ontact person cor			n:							
H-1.	Corporation is a member of a controlled	d group? YES U NO U If yes,	attach list.	Contact person t										
			b)	Contact person e	email addı	ress:								
			M. Ty	pe of federal retu	ırn filed 🗆	1120	1120	S or			_			
Wher	e to Send Payment	ts and Returns		Remen	ahar									
Make c	heck payable to and mail v	with return to:		ricilien	IDCI	•								
	orida Department of Reve	nue		✓ Make	e your	che	ck pa	yable	e to t	he				
	050 W Tennessee Street			Florid	da De	partr	nent	of Re	evenu	ıe.				
18	allahassee FL 32399-0135			./										
If you a	re requesting a refund (Lir	e 19), send your return	o:	✓ Write	your	FEIR	on y	our (check	<.				
	orida Department of Reve	nue		√ Sign	your o	chec	k and	l retu	rn.					
	O Box 6440				J '									
Ta	allahassee FL 32314-6440													
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					r F-70 cable		xtens	sion (of tim	e) if				

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.
Undistributed net long-term capital gains (see instructions)	2.	2.
Net operating loss deduction (attach schedule)	3.	3.
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. 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. Other additions (attach schedule)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

Schedule II — Subtractions from Federal Taxab	le 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 3. Florida net operating loss carryover deduction (see instructions)	6, and complete Schedule IV.	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.
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 schedule)		11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each coluentered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total		12.	12.

Schedule III - Appo	ortionment of A	djusted Fed	leral l	Income							
III-A For use by taxpayers doing	g business outside Flori	da, except those	providin	g insurance or t	ransporta	ation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato		(c) Col. (a) ÷ Co Rounded to Six Places			(d) Weight in Column (b) is ze ge 9 of the instruc		(e) Weighted Factors Rounded to Six Decimal Places		
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, Colu	mn [e]). Enter here	and on	Schedule IV, Line	2.						
III-B For use in computing avera	age value of property (us	se original cost).	_	WITHIN F					AL EVERYWHERE		
			a. Beç	ginning of year	b. E	End of year	c. Beginning of	year	d. End of year		
Inventories of raw material, w		oods									
Buildings and other depreciate	ole assets										
3. Land owned	**										
4. Other tangible and intangible ((financial org. only) assets	(attach schedule)									
5. Total (Lines 1 through 4)											
 Average value of property Add Line 5, Columns (a) an Add Line 5, Columns (c) an 	nd (b) and divide by 2 (for and (d) and divide by 2 (for	within Florida) total Everywhere)	6a				6b				
7. Rented property (8 times net a. Rented property in Florida. b. Rented property Everywhe	·······		7a				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. an Column (b) for total average.	d also enter on Schedule e property in Florida d also enter on Schedule	III-A, Line 1, III-A, Line 1,	8a				8b				
III-C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	тс	(b) DTAL EVERYWHERE (Denominator)		
Sales (gross receipts)						1	N/A				
2. Sales delivered or shipped to	Florida purchasers								N/A		
3. Other gross receipts (rents, ro	oyalties, interest, etc. whe	n applicable)									
4. TOTAL SALES (Enter on Sche	edule III-A, Line 3, Columr	ns [a] and [b])									
III-D Special Apportionment Fractions (see instructions)				(a) WITHIN FLOR	RIDA	(b) TOTAL E	EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b] Rounded to Six Decimal Places			
1. Insurance companies (attach	copy of Schedule T-Annu	ual Report)									
2. Transportation services											
			-			•		-			

So	Schedule IV — Computation of Florida Portion of Adjusted Federal Income						
		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.				

S	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	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.

Line 1.	Nonbusiness income (loss) allocated to Florida	<u>Amount</u>
		a e 1, Line 8 or Schedule VI, Line 8 for AMT)	1
	<u>Туре</u>	loss) allocated elsewhere State/country allocated to	
		re	
Line 3.	Total nonbusiness inco Grand total. Total of Line (Enter here and on Sche	es 1 and 2	3
	For	Estimated Tax Workshee Taxable Years Beginning On or After	
1.	Florida income expected in	taxable year	1 \$
2.	Florida exemption \$50,000 (Florida Form F-1120N)	Members of a controlled group, see instructions on Pag	ge 14 of 2. \$
3.		ne (Line 1 less Line 2)	
4.	Less: Credits against the ta * Taxpayers subject to federal alter	(5.5% of Line 3)* \$\$ IX	
5.	Computation of installment	s:	
	Payment due dates and payment amounts:	Last day of 4 th month - Enter 0.25 of Line 4 Last day of 6 th month - Enter 0.25 of Line 4 Last day of 9 th month - Enter 0.25 of Line 4 Last day of taxable year - Enter 0.25 of Line 4	5b 5c
		x should change during the year, you may use the am ended amounts to be entered on the declaration (Flo	
1.			1. \$
2.	to estimated tax and applie	nt from last year elected for credited to date2a.imated tax declaration (Florida Form F-1120ES)2b.	
		2(b)	
		s Line 2(c))	
4.	Amount to be paid (Line 3 (divided by number of remaining installments)	4. Þ