Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120 R. 01/07 PAGE 1

		Nan Add City	ress	te/ZIF		re if a	ny cha	nnae ha	ave been r	made t	to	
	Use black ink. Example A - Handwritten Example B - Typed For calendar year 2006 or tax year beginning			nan Che	ne or a	addres re if yo	s ou do <u>i</u>	not wan	t DOR to	send y	ou a	٦
	Year end date			DOR on				/ [
-	Computation of Florida Net Income and Emergency Excise Tax				—US	S Doll	ars –			7	Ce	ents
١.	Federal taxable income (see instructions). Check here if negative 1.] _		
2.	State income taxes deducted in computing federal taxable income (attach schedule)		,] .		
3.	Additions to federal taxable income (from Schedule I)] .		
4.	Total of Lines 1, 2, and 3. Check here if negative 4.											
5.	Subtractions from federal taxable income (from Schedule II)] .		
6.	Adjusted federal income (Line 4 minus Line 5)											
7.	Florida portion of adjusted federal income (see instructions) if negative	7	,			<u></u>				7 _		
	Nonbusiness income allocated to Florida (from Schedule R)	8	3.] .		
9.	Florida exemption	9	9.							٦.		
	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, Line 16)	12	2.		Ξ,].		
13.	Emergency excise tax due (from Schedule A, Line 20)	13	3.		IЩ,					_		
14.	Total corporate income/franchise and emergency excise tax due (see instructions)	14	l		\Box ,] .		
	Payment Coupon 2006 Florida Corporate Income Tax Return To ensure proper credit to your account, enclose your of	check	with					oupon nailing			F-1 R. 0	1120 1/07
	YEAR M M D D Y Y Return is due 1st day of	the 4th	n mo	onth a	after	clos	e of t	the tax	cable ye	ar.		
	Total amount	due				US DOL	LARS		$\overline{}$		CENT	s
	Check here if you transmitted funds electronically from Line 1 Enter name and address, if not pre-addressed: Total credi				_	_ _	_			• [<u> </u>	_
	Enter name and address, if not pre-addressed: Total credi							اللإ				
	Name Total refun									. [
	Address City/St/ZIP FEIN Enter FEIN if not pre-ac	ddressed										
	F- 1		1	2					- 		Γ	



PO Box 6440

Tallahassee FL 32314-6440

4.5) D. H. F. 2000															
15.	a) Penalty: F-2220 b) Other		-1-15	4.5												
	c) Interest: F-2220 d) Other	Line 15 I	otal >	15.				لوا		إلاا	Ш		i L	•		
16.	Total of Lines 14 and 15			16												
	Payment credits: Estimated tax payments 17a \$			10.	\sqsubseteq	\sqsubseteq		,			닏	닏	!_			<u>ا ا</u>
17.	Tentative tax payment 17b \$			17												
18	Subtract Line 17 from Line 16. Enter amount due here and on payment			17.	\square			,				\sqsubseteq	!			<u>ا</u> ا
	If there is an overpayment, enter on Line 19 and/or Line 20			10												
	Credit: Enter amount of overpayment credited to next year's estimate			10.				,			닏	Ш	<u> </u>			<u>ا</u> ا
	here and on payment coupon			10												
	Tiere and on payment coupon			15.	\square			,				\sqsubseteq	!			<u>ا</u> ا
20.	Refund: Enter amount of overpayment to be refunded here and on pa	ayment cou	ıpon	20.				<u>, </u>								
	This return is considered incomplete unle at is not signed, or improperly signed and verified, will be subject to a penalty. The nust be completed in its entirety.								e retur	n is pr	operly	y sigr	ned a	nd ve	erified.	
	Under penalties of perjury, I declare that I have examined this return, including a complete. Declaration of preparer (other than taxpayer) is based on all informat						d to th	e best o	of my k	nowled	ge and	belie	f, it is	true, c	correct	and
					.000	,										
Sign her	Signature of officer (must be an original signature) Date		Title													
	Signature of officer (must be an original signature)		Prepare	er		Prep	oarer's	<u> </u>								
Paid	Preparer's signature		check if	self-		SSN	l or P	ΓIN								
preparer			employ	ea						_		+	+	+		
only	Firm's name (or yours		FEIN													
	if self-employed) and address		ZIP													
	All Taxpayers Are Required to Answer Questions A	Through N	M Below	ı as F	Appro	pria	ite -	– Se	e Ins	truct	ions					
A. S	tate of incorporation:	H-2. P	art of a fede	eral cor	nsolida	ed ret	urn?	YES [ои 🕻	☐ If y	es, pr	ovide:	:			
B. F	orida Secretary of State document number:	F	EIN from fe	deral c	onsolid	ated r	eturn:									
C. F	orida consolidated return? YES \(\square\) NO \(\square\)	N	lame of corp	poration	n:											
	Initial return Final return (final federal return filed)	H-3. T	he federal c	commor	n paren	t has s	sales,	propert	y or pa	yroll in	Florida	? YE	s 🗆	NO [
E. Ta	axpayer election s. 220.03(5), F.S. \square General Rule \square Election A \square Election B	l. Le	ocation of c	orporat	te book	s:										
F. P	rincipal Business Activity Code (as pertains to Florida)	_														
		J. Ta	axpayer is a	a memb	er of a	Florio	la par	nership	o or joir	nt ventu	re? Y	es 🗆	ои 🕻			
L	Florida extension of time was timely filed? YES NO If yes, attach copy of Florida	K. E	nter date of	f latest	IRS au	dit			_ List	years e	examin	ied			_	
	orm F-7004.	L. C	ontact pers	on and	teleph	one fo	r ques	stions c	oncern	ing this	returr	1:				
	orporation is a member of a controlled group? YES D NO D If yes, attach list.	-							(.)					
H-1. C	orporation is a member of a controlled group: TES G NO G If yes, attack list.	M. T	ype of fede	ral retu	rn filed	1 1	20 🗆	1120	A 🔲 11	20S or						
	ou want a personalized package?		D = 1-													
	use purchased software to prepare and file your return and		Don'	ι το	rge	et:										
	t want us to send you a preprinted forms package next year, the box in the upper right-hand corner of Page 1.		/ м	ake	VOL	r ch	necl	c na	vahi	e to	the	Flر	orid	а		
crieck	the box in the upper right-hand corner of Page 1.	_ '		epar	-			-	-		uic	, 1 10	Jiiu	u		
Note:	Even if you check the box indicating that you do not want		D (сраі	tille		,,,,,	CVC	iiuc.	'						
	kage, you still may receive one last package next year as we		/ W	rite	you	r FE	ΞIN	umb	er c	n yo	our	che	ck.			
	re and phase in your request.		4 0:													
		'	Si	gn y	our	che	eck	and	reti	urn.						
	e to Send Payments and Returns															
	eck payable to and send with return to:															
	orida Department of Revenue		<u>/</u> Δ 1	tack	120	ะดทา	v of	VOI	ır fe	ders	ıl re	tur	n.			
	50 W Tennessee Street	Attach a copy of your fe							ar rederai return.							
Ia	llahassee FL 32399-0135		∕ At	tack	ı a c	opy	y of	you	ır Fo	rm	F-70)04				
	e requesting a refund (Line 20), send your return to: orida Department of Revenue			xten												



S	chedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to	o 12/31/86)
1.	Total depreciation expense deducted on federal Form 1120	1.
2.	Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3.	Loss carry forward (Enter the loss as a positive number)	3.
4.	Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.
5.	Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6.	Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7.	All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.
8.	Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.
9.	Multiply Line 8 by .40 (40%) and enter here	9.
10.	Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
11.	Multiply Line 9 by Line 10 and enter here	11.
12.	Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.
13.	Add Lines 11 and 12 and enter here	13.
14.	Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15.	The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.
16.	Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.
17.	Multiply Line 16 by 2.5 (not 2.5 %) and enter here. Note: If Line 16 shows a loss, enter 0	17.
18.	Total tax due (2.2% of Line 17)	18.
19.	(a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ➤	19.
20.	Balance of tax due (enter on Page 1, Line 13)	20.

Sch	nedule I — Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1.	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, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	3.
4.	Enterprise zone jobs credit (Form F-1156Z)	4.	4.
5.	Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5.
6.	Guaranty association assessment(s) credit	6.	6.
7.	Rural and/or urban high crime area job tax credits	7.	7.
8.	State housing tax credit	8.	8.
9.	Credit for contributions to nonprofit scholarship funding organizations	9.	9.
10.	Other additions (attach statement)	10.	10.
11.	Total Lines 1 through 10 in Columns (a) and (b.) Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	11.	11.



Schedule II — Subti	ractions from Fe	ederal Taxa	ble In	come					umn (a) page 1	Column (b) For Schedule VI, AMT
Gross foreign source income (a) Enter s. 78, I.R.C. income (c) less direct and indirect exp	\$(b)		. dividen	ds \$			Total ➤	1.		1.
Gross subpart F income less (a) Enter s. 951, I.R.C. subpa	•	less direct and inc	direct exp	penses \$			Total ➤	2.		2.
Note: Taxpayers doing busine	ess both within and withou	ıt Florida enter zer	o on Line	es 3, 4, and 5 and	l complet	e Line 4 o	f Schedule	e IV.		
Florida net operating loss carryover deduction (see instructions)								3.		3.
Florida net capital loss carryover deduction (see instructions)								4.		4.
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions)								5.		5.
6. Nonbusiness income (from S	chedule R, Line 3)							6.		6.
7. Eligible net income of an inter	rnational banking facility (s	see instructions)						7.		7.
8. Other subtractions (attach sta	atement)							8.		8.
9. Total Lines 1 through 8 in Col Page 1, Line 5 (of the F-1120					total is a	lso entere	d on	9.		9.
								'		
Schedule III — Appo	ortionment of A	diusted For	doral	Incomo						
III-A For use by taxpayers doing					na insura	nce or tra	nsnortati	on services		
in A Tor doo by taxpayoro doni	(a)	(b)	au, oxoo	(c)	ig inouru	1100 01 110	Порогии	(d)		(e)
	WITHIN FLORIDA (Numerator)	TOTAL EVERYV (Denominato		Col. (a) ÷ C Rounded to Six Places	. ,		ny factor in	Weight Column (b) is zero		Weighted Factors Rounded to Six Decimal Places
				riaces		366 110			JOHOHS.	riaces
Property (Schedule III-B below))							6 or		
2. Payroll								6 or		
3. Sales (Schedule III-C below)	-fli 1 0 1 0 O-lum	(-)1		Calaadiida IV Liaa	0		X 50%	6 or		
Apportionment fraction [Sum]	of Lines 1, 2, and 3, Colur	nn (e)]. Enter nere	and on	WITHIN F				TC	TAL EVER	AMUEDE
III-B For use in computing avera	age value of property (us	se original cost).	a Bor	ginning of year		End of yea	r	a. Beginning o		b. End of year
Inventories of raw material, w	ork in process, finished ac	oods	a. Deç	girining or year	U. L	ilu oi yea	'	a. Degiming o	i yeai	b. Lild of year
Buildings and other depreciable										
3. Land owned										
4. Other tangible and intangible ((financial org. only) assets	(attach schedule)								
5. Total (Lines 1 through 4)										
6. Average value of property [ad	ld Line 5, Columns (a) and	(b) and divide								
by 2 (for within Florida and to	tal everywhere)]						_			
7. Rented property (8 times net	annual rent)						_			
8. Total (Lines 6 and 7). Enter or	n Line 1, Schedule III-A, C	olumns (a) and (b)	Average	Florida		_		Average Eve	nnuwhere
				7.Werage	rionaa				Worage Eve	
							TO			TOTAL
III-C Sales Factor							WITHIN F		"	EVERYWHERE
1 Calco (grana rappinta)							(Omit			(Omit cents)
Sales (gross receipts) Sales delivered or shipped to	Florida nurchasers					+	N/	<u> </u>		N/A
Other gross receipts (rents, receipts)	·	applicable)								IN//A
TOTAL SALES [Enter on Scheme]	-					+				
III-D Special Apportionment Fra	<u> </u>	- (-) (~)]		(a) WITHIN FLO	RIDA	(b)	TOTAL EV	/ERYWHERE	(c) FLOR	RIDA Fraction [(a) ÷ (b)]
Insurance companies (attach	copy of Schedule T-Annu	al Report)							Hounde	ed to Six Decimal Places
Transportation services	,,, : :: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-1:- 7								



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 and/or other carryover apportioned to Florida (attach statement; see instructions)	4.	4.					
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5.	5.					

Schedule V — Credits Against the Corporate Income/Franchise Tax	
Florida health maintenance organization credit (attach assessment notice)	1.
Capital investment tax credit (attach certification letter)	2.
Enterprise zone jobs credit (from Form F-1156Z attached)	3.
Community contribution tax credit (attach certification letter)	4.
Enterprise zone property tax credit (from 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. Other credits, including FLAHIGA (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16.

Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)	
Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
State income taxes deducted in computing federal taxable income (attach schedule)	2.
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.



	Nonbusiness income (los <u>Type</u>			Amount
	Total allocated to Florida	Line 8 or Schedule VI, Line 8 for AMT)		
	Nonbusiness income (los Type	s) allocated elsewhere State/country allocated to		Amount
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 (Enter here and on Schedu	and 2	3	
	For Ta	Estimated Tax Worksheet axable Years Beginning On or After Jar	nuary 1, 2007	7
1.	Florida income expected in tax	able year		1. \$
2.	Florida exemption \$5,000 (Mer	mbers of a controlled group, see instructions on Page 1	5 of F-1120N)	2. \$
3.	Estimated Florida net income (Line 1 less Line 2)		3. \$
4.	Less: Credits against the tax * Taxpayers subject to federal alternative minimum tax at 3.3% and enter the graph.	5% of Line 3)*		4. \$
5.	Estimated emergency excise to	ax		5. \$
	Total corporate and emergency	γ excise tax (Line 4 plus Line 5)ile installment as computed on Line 7; if \$2,500 or less,		6. \$
7.	Computation of installments:			
	Payment due dates and	1st day of 5th month - Enter 0.25 of Line 6		7a.
	i ayıncın due dales and			
	payment amounts:	1st day of 7th month - Enter 0.25 of Line 6		7b.
	-			7b. 7c.
	payment amounts: NOTE: If your estimated tax sh	1st day of 7th month - Enter 0.25 of Line 6 1st day of 10th month - Enter 0.25 of Line 6	Line 6d computation	7b. 7c.
1.	payment amounts: NOTE: If your estimated tax sh below to determine the amend	1st day of 7th month - Enter 0.25 of Line 6	Line 6d computation 120ES).	7b. 7c. 7d.
1. 2.	NOTE: If your estimated tax shall below to determine the amendamended estimated tax	1st day of 7th month - Enter 0.25 of Line 6	Line 6d computation 120ES).	7b
1. 2.	NOTE: If your estimated tax shall below to determine the amendamended estimated tax	1st day of 7th month - Enter 0.25 of Line 6	Line 6d computation 120ES).	7b
1. 2.	NOTE: If your estimated tax shelow to determine the amend. Amended estimated tax Less: (a) Amount of overpayment fr to estimated tax and applied to (b) Payments made on estimated.	1st day of 7th month - Enter 0.25 of Line 6	Line 6 d computation 120ES).	7b
1. 2.	NOTE: If your estimated tax shelow to determine the amend Amended estimated tax Less: (a) Amount of overpayment from to estimated tax and applied to (b) Payments made on estimated. (c) Total of Lines 2(a) and 2(b)	1st day of 7th month - Enter 0.25 of Line 6	Line 6	7b

The address below is not correct. The business location changes. The corporation name changes.	partment of Revenue nnessee St e FL 32399-0100	CHANGE IN New Location Address New Mailing Address New Business Name New Corporatio	Business telephone (State	ZIPCounty
Signature of Officer (Required)	Date	Name			
Florida Dep	partment of Revenue - Co e Income / Franchise and/o Application for Extension of	orporate or Emerç	jency Excise Tax	39999999	F-7004 R. 01/07
You must write within the boxes. (example)	23456789	If typing,	type through the boxe	es. _(example)	123456789
Write your numbers as shown and er	nter one number per box.		FEIN		
Name Address City/St/ZIP	004		Taxable year er	nd: C FILING STAT (Mark "X" i one box on	in ly)
		-	Tentative tax due (See reverse side)		$\Box\Box$
Under penalties of perjury, I declare that I have been authorized application, and that to the best of my knowledge and belief the Sign here:	by the above-named taxpayer to make statements herein are true and correct Date:	ke this ct:		Check here if funds electron	you transmitted incally
Make checks payable and mail to:	Date:				,
Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0135	9100 O 200699°	99 00	02005030 2	39999999	99 0000 2
Florida Dep	partment of Revenue — C	Corporat	e Income Tax		F-1120ES
• • • • • • • • • • • • • • • • • • •	ment of Florida Estimat for Taxable Year Begin				R. 01/07 Installment #
You must write within the boxes. (example)		If typing,	type through the boxe	es. _(example)	123456789
Write your numbers as shown and er	nter one number per box.		FEIN		
Kama	12()F			Taxable year end	5 5
Name Address					tax payment verse side)
City/St/ZIP			<u> </u>	US DOLLARS	',
Make abada assable and mail to	Check here if you transmitted funds electronically	ed 🕨	_ _ _	Office use only	M D D Y Y
Make checks payable and mail to: Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0135	9100 0 2007999	99 00	02005033 6	39999999	99 0000 2

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 The legal entity changed on corporation is registered for Sales and Use Tax, you must complete a new Application to Collect and Report Tax in Florida (Form DR-1). 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: Name of new owner: Telephone number of new owner: (______) ____ Mailing address of new owner: _____ _____ State: ____ ZIP: __ City: Sales and Use Tax **FEIN** Certificate Number ____ Telephone number (___ Signature of officer (Required) Information for Filing Form F-7004 F-7004 R. 01/07 When to file — File this application on or before the original due date of the **B.** If applicable, state in detail the reason the extension is needed: taxpayer's corporate income tax or partnership return. Do not file prior to the end of the tax year. Penalties for failure to pay tax — If a payment of tax is required with this C. Type of federal return filed: application, failure to make such payment will void any extension of time and subject Contact person for questions the taxpayer to penalties and interest for failure to file a timely return(s) and pay all Telephone number () taxes due. There is also a penalty for a late-filed return when no tax is due. Signature — Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney Florida Income/Franchise Six Month Extension of Time Request or C.P.A. qualified to practice before the IRS under P.L. 89-332. **Emergency Excise Tax Due** Has Form 7004 or 8736 been filed with the Internal 1. Tentative amount of Florida tax for the taxable year If the answer is "No," complete Item B. 2. LESS: Estimated tax payments for the taxable year 3 Balance due —100% of the tax tentatively determined An extension for Florida tax purposes may be granted, even though no federal due must be paid with this extension request extension was granted, if good cause is shown. For more information, see IRS announcements 60-90 and 63-113. Transfer the amount in Line 3 to **Tentative tax due** on reverse side. Information for Filing Form F-1120ES F-1120ES R. 01/07 1. Who must make estimated tax payments — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter Contact person for questions 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of Phone number (_____) _____ emergency excise tax liability for the year is expected to be more than \$2,500. 2. Due Date — Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following taxable year; 25 percent of the estimated tax must be paid with

each installment.

timely paid.

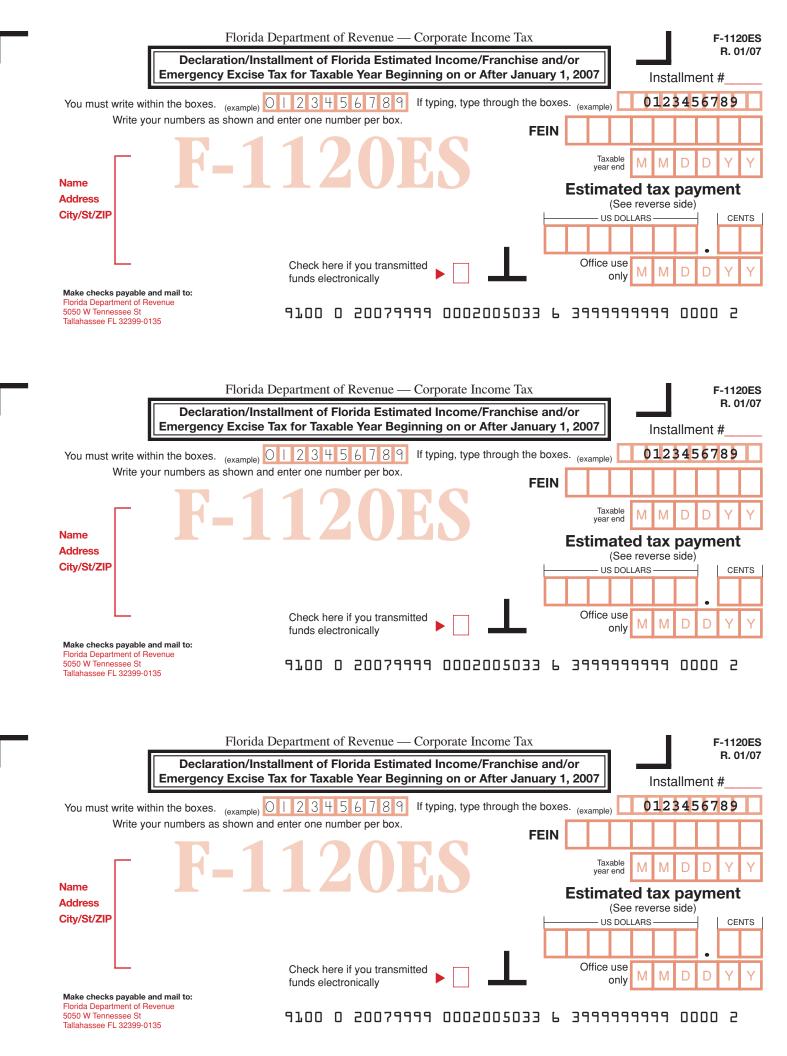
of interest and penalties.

3. Amended Declaration — To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be

Interest and Penalties — Failure to comply with the law with respect to the filing
of a declaration or the payment of an estimated tax will result in the assessment

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	1.
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 in Line 3 to Estimated tax payment box on front.



- 1. Who must make estimated tax payments Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
- Due Date Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following 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 appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.
- 4. Interest and Penalties Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

Contact person for questions	
Phone number ()	

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	1.
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 in Line 3 to Estimated tax payment box on front.

Information for Filing Form F-1120ES

F-1120ES R. 01/07

- 1. Who must make estimated tax payments Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
- 2. Due Date Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following 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 appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.
- 4. Interest and Penalties Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

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