Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120 R. 01/09

Rule 12C-1.051 Florida Administrative Code

				Name Addre City/S	ss	ΊΡ					rion	ua Aun		ective 0	
	Use black ink. Example A - Handwritten Example B - Typed O 1 2 3 4 5 6 7 8 9	-				heck h ame or		-	nang	es hav	ve be	en ma	de to		7
	Federal Employer Identification Number (FEIN) Computation of Florida Net Income and Emergency Excise Tax		 /			R use				/		/			
_		•	- "			—u	S Dol	lars				—		Cen	ıts
1.	Federal taxable income (see instructions). Check here Attach pages 1–4 of federal return fi negative	1.													
2.	State income taxes deducted in computing federal taxable income (attach schedule)	,													
3.	Additions to federal taxable income (from Schedule I) Check here if negative] []			Ĺ						•		
4.	Total of Lines 1, 2, and 3. Check here if negative	4.],						<u>, </u>			•		
5.	Subtractions from federal taxable income (from Schedule II) Check here if negative		. <u>L</u>	<u>, </u>									•		
6.	Adjusted federal income (Line 4 minus Line 5)	6.	L	<u>,</u>									•		
7.	Florida portion of adjusted federal income (see instructions)	heck here f negative		7.						<u>, </u>			•		
8.	Nonbusiness income allocated to Florida (from Schedule R)	check here f negative	e	8.									•		
9.	Florida exemption			9.						<u>, </u>			•		
	Florida net income (Line 7 plus Line 8 minus Line 9)			10.									•		
	(see instructions for Schedule VI)			11.							Ш		•		
12.	Credits against the tax (from Schedule V)			12.									•		
13.	Emergency excise tax due (from Schedule A)			13.									-		_
14.	Total corporate income/franchise and emergency excise tax due (see instruction	ions)		14.			,								
	Payment Coupon for Florida Corporate Income Tax Ret To ensure proper credit to your account, enclose	se you			ith ta		ırn w	hen	ma	iling	١.			F-11 R. 01	
	YEAR M M D D Y Y Return is due 1st	day o	t tne	e 4tn i <u>├</u>	monti	n arte	r clos · us do			tax	able	year 		CENTS	<u>: [</u>
	Check here if you transmitted funds electronically	al amour		ie		<u></u> ,			_,			╝.	. <u> </u>		
		Total cre				<u>_</u> ,						╝.	. <u> </u>		
	Name	Total refurement	e 20									╝.			
	City/St/ZIP	FEIN EIN if not pre		sed											
			1			2								Г	_



15.	a) Penalty: F-2220 b) Other													Г		
	c) Interest: F-2220 d) Other	Line 15	Total ➤	15.							╛┖				L	
							T			ПÍП		$\neg \vdash$		Γ		
	Total of Lines 14 and 15		······	16.			اولــــــ									
17	Payment credits: Estimated tax payments 17a \$						TÍ					٦Г		Г		
	Tentative tax payment 17b \$]	17.												
18.	Total amount due: Subtract Line 17 from Line 16. If positive, enter amou	ınt												_		
	due here and on payment coupon. If the amount is negative (overpayments)			10												
40	enter on Line 19 and/or Line 20			18.	\square			_	_			_	_	• _		
19.	Credit: Enter amount of overpayment credited to next year's estimate			40												
	here and on payment coupon			19.	\square			_	_			_	_	• _		
20.	Refund: Enter amount of overpayment to be refunded here and on pa	ayment c	oupon	20.												
	This return is considered incomplete unle	sc a con	v of the t	fodoral	rotur	o ic ot	tache	-d								
	eturn is not signed, or improperly signed and verified, it will be subject to a penalty. ust be completed in its entirety.								urn is	proper	ly sig	ned	and ve	erified	l. You	ur
return	Under penalties of perjury, I declare that I have examined this return, including	accompany	ina schedu	les and s	tatemer	nts. and	to the	best o	f mv kr	nowleda	e and l	belie	it is tr	ue. co	rrect.	
	and complete. Declaration of preparer (other than taxpayer) is based on all info								,				,	,	,	
Sign h	are		Tit	le le												
Olgiiiii	Signature of officer (must be an original signature) Date		110													
	Preparer's		Prepa			Prepa PTIN									_	7
Paid	signature Date		chec	k if self- loyed		PIIN										
prepar only	ers															T
Offic	Firm's name (or yours if self-employed)		FE	IN												
	and address		ZIF													
	All Taxpayers Must Answer Questions	Δ Throu	ah M B	elow -	_ Se	e Inei	tructi	ions								
A.	State of incorporation:	H-2.	Part of a fe	ederal co	nsolida	ted retu	ırn? Y l	ES 🖵	NO C	If yes	, provi	ide:				
В.	Florida Secretary of State document number: Florida consolidated return? YES \(\text{NO } \text{I} \)		FEIN from	federal o	consolid	lated re	turn: _									
C.			Name of c													
D.	Initial return Final return (final federal return filed)	H-3.	The federa	al commo	n paren	it has sa	ales, pr	operty,	or pay	roll in Flo	orida?	YES	□и	o 🖵		
E.	Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule	l.	Location of													
_	Election A Election B		City:													
F.	Principal Business Activity Code (as pertains to Florida)	J.	Taxpayer i	is a mem	ber of a	Florida	partne	ership c	r joint	venture'	? YES		ио □)		
		K.	Enter date	of latest	IRS au	dit:										
G.	A Florida extension of time was timely filed? YES \(\sigma\) NO \(\sigma\)		a) List yea	ırs exami	ned:											
H-1.	Corporation is a member of a controlled group? YES \(\bigcup\) NO \(\bigcup\) If yes, attach list.	L.	Contact p	erson co	ncernin	g this re	eturn:									
			a) Contact	1	1											
		M.	Type of fee	deral retu	ırn filed	112	20 🗀	1120S (or			_				
Whe	re to Send Payments and Returns		Ren	am	hai	r.										
	check payable to and send with return to:		Hen	ICIII	DEI	•										
	Florida Department of Revenue		✓ N	Make	you	r che	eck	paya	able	to th	ne F	lor	ida			
	050 W Tennessee Street			Depar	-											
	allahassee FL 32399-0135			-												
			V	V rite	your	FEI	N o	n yo	ur c	heck	ζ.					
	are requesting a refund (Line 20), send your return to:		./ 6	Sian :	/OI "	obo	ok o	nd -	otu-	'n						
	Florida Department of Revenue		V S	Sign y	Jul	CHE	UN d	iiu r	etul	11.						
	PO Box 6440 allahassee FL 32314-6440															
- 1	alianassee FL 32314-0440															
		- 1														

Attach a copy of your Florida Form F-7004

(extension of time) if applicable.



S	chedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to	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 result 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 Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6.	Straight-line depreciation deducted pursuant to IRC 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 IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8.	Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.
9.	Multiply Line 8 by .40 (40%) and enter result 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 result here	11.
12.	Determine the amount of depreciation deducted pursuant to IRC 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 result here	12.
13.	Add Lines 11 and 12 and enter result 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, F.S., not used for Chapter 220, F.S. 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 result 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.

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 (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (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. Section 179 expense deduction above \$25,000	14.	14.
15. Special 50% depreciation allowance	15.	15.
16. Other additions (attach statement)	16.	16.
17. Total Lines 1 through 16 in Columns (a) and (b). Enter totals for each column on Line 17. 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.	17.	17.



INAIVIE					FEIIN		IAXABLE	YEAR EN	IDING
Schedule II – Subtr	actions from Fe	ederal Taxak	ole In	come				mn (a) page 1	Column (b) For Schedule VI, AMT
Gross foreign source income (a) Enter s. 78, IRC income \$_ (c) less direct and indirect exp	(b)		vidends	\$		Total >	- 1.		1.
Gross subpart F income less (a) Enter s. 951, IRC subpart f	•	(b) less direct	and inc	lirect expenses \$		Total >	2.		2.
Note: Taxpayers doing busine	ess outside Florida enter :	zero on Lines 3, thr	ough 6,	and complete Sc	hedule IV.				
Florida net operating loss can	ryover deduction (see ins	tructions)					3.		3.
Florida net capital loss carryo	ver deduction (see instru	ctions)					4.		4.
Florida excess charitable con	tribution carryover (see in	structions)					5.		5.
Florida employee benefit plan							6.		6.
Nonbusiness income (from So							7.		7.
Eligible net income of an inter		see instructions)					8.		8.
Other subtractions (attach sta							9.		9.
10. Total Lines 1 through 9 in Col	,	tals for each colum	n on Lin	o 10. Column (a)	total is al	so ontored on	9.		9.
Page 1, Line 5 (of the F-1120					lulai is ais	so entered on	10.		10.
									<u>'</u>
Schedule III — Appo									
III-A For use by taxpayers doing	Ī		providin	Ĭ	ransporta	ition services.	(d)		(e)
	(a) WITHIN FLORIDA	(b) TOTAL EVERYW	HERE	(c) Col. (a) ÷ Co	ol. (b)		(a) Weight		(e) Weighted Factors
	(Numerator)	(Denominator)	Rounded to Six [•	n Column (b) is ze		Rounded to Six Decimal
				Places			e 10 of the instru		Places
Property (Schedule III-B below)							% or		
Payroll Sales (Schedule III-C below)							% or % or		
Apportionment fraction [Sum	of Lines 1, 2, and 3, Colu	mn (e)]. Enter here	and on S	 Schedule IV. Line	2.	X 30	70 UI		
				WITHIN F			TC	TAL EVERY	/WHERE
III-B For use in computing avera	age value of property (us	se original cost).	a. Beg	ginning of year	b. E	nd of year	c. Beginning of	year	d. End of year
1. Inventories of raw material, w	ork in process, finished g	oods							
Buildings and other depreciate	ole assets								
3. Land owned		/ !! ! ! !!							
Other tangible and intangible (Total (Lines 1 through 4)	financial org. only) assets	(attach schedule)							
Average value of property									
a. Add Line 5, Columns (a) an b. Add Line 5, Columns (c) an							Ch		
7. Rented property (8 times net	. ,	iotai everywnerej					00		
a. Rented property in Florida.							71		
b. Rented property Everywher8. Total (Lines 6 and 7). Enter on							/D		
a. Enter Lines 6 a. plus 7 a. ar	nd also enter on Schedule	e III-A, Line 1,							
Column (a) for total average b. Enter Lines 6 b. plus 7 b. a			8a						
Column (b) for total average	e property Everywhere								
				Avera	ge Florida			Average Eve	-
III-C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)		(b) AL EVERYWHERE (Denominator)
Sales (gross receipts)						`	I/A		. ,
2. Sales delivered or shipped to	Florida purchasers								N/A
3. Other gross receipts (rents, ro	<u> </u>			-			·		
4. TOTAL SALES [Enter on Sche	edule III-A, Line 3, Column	ns (a) and (b)]							
III-D Special Apportionment Frac	ctions (see instructions)			(a) WITHIN FLOF	RIDA	(b) TOTAL E	VERYWHERE		IIDA Fraction [(a) ÷ (b)] ed to Six Decimal Places
Insurance companies (attach	copy of Schedule T-Annu	ual Report)							
Transportation services									



S	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.						

Sc	Schedule 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 Form F-1156Z attached)	3.							
4.	Community contribution tax credit (attach certification letter)	4.							
5.	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.	Florida renewable energy technologies investment tax credit	15.							
16.	Florida renewable energy production tax credit	16.							
17.	Other credits (attach schedule)	17.							
18.	Total credits against the tax (sum of Lines 1 through 17 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	18.							

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.



	Nonbusiness income (los Type	s) allocated to Florida		<u>Amount</u>
	(Enter here and on Page 1,	Line 8 or Schedule VI, Line 8 for AMT)		
		s) allocated elsewhere State/country allocated to		<u>Amount</u>
Line 3	Total nonbusiness income	2		
Line o.		1 and 2	3	
4. 5.	Total Estimated Florida tax (5.5 Less: Credits against the tax * Taxpayers subject to federal alternative minimum tax at 3.3% and enter the greatment of the strength of t	Line 1 less Line 2) \$ 5% of Line 3)* \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		4. \$ 5. \$ 6. \$
7.	Computation of installments:			
	Payment due dates and payment amounts:	Last day of 4 th month - Enter 0.25 of Line 6 Last day of 6 th month - Enter 0.25 of Line 6 Last day of 9 th month - Enter 0.25 of Line 6		. 7b
		Last day of fiscal year - Enter 0.25 of Line 6		
_			ded computation	
1. 2.	Amended estimated taxLess: (a) Amount of overpayment fr	Last day of fiscal year – Enter 0.25 of Line 6 rould change during the year, you may use the amended amounts to be entered on the declaration (Form Form last year elected for credit	ded computation -1120ES).	. 7d
1. 2.	Amended estimated tax Less: (a) Amount of overpayment fr to estimated tax and applied to (b) Payments made on estimated	Last day of fiscal year – Enter 0.25 of Line 6 rould change during the year, you may use the amend led amounts to be entered on the declaration (Form Form last year elected for credit or date	ded computation 1120ES).	. 1. \$
1. 2.	Amended estimated tax Less: (a) Amount of overpayment fr to estimated tax and applied to (b) Payments made on estimated. Total of Lines 2(a) and 2(b)	Last day of fiscal year – Enter 0.25 of Line 6 rould change during the year, you may use the amended amounts to be entered on the declaration (Form Form last year elected for credit odate	ded computation -1120ES).	. 1. \$

		OUANOE	FEIN of entity	-			
Change of Address		CHANGE IN					
Complete this form, sign it, and mail Mail it to the Department if:	l to: Florida Department of Revenue	New Location	Business location				
 The address below is not correct. 	5050 W Tennessee St	Address	City	State	ZIP		
The business location changes.The corporation name changes.	Tallahassee FL 32399-0100		Business telephone ()	County		-
,			In care of				
		New	Mailing address				
1 1 1	') 	Mailing Address	City	State	7IP		
1			Owner's telephone ()				
		New	Owner's telephone ()		County		-
		New Business	DBA				
		Name New					
Signature of Officer (Required)	Date	Corporation Name	on				
Floric	9100 0 200899		re Income Tax		•		7004
ule 12C-1.051 orida Administrative Code	da Tentative Income / Franchise a			٦.	_		1/09
	turn and Application for Extension		o File Return	╝`			
You must write within the boxes. (example)	mple) 0 1 2 3 4 5 6 7 8 9	If typing,	type through the boxes	3. (example)	012345	6789	
Write your numbers as show	wn and enter one number per box.	,	FEIN				
	700%	 					
Name	- / 1 / 1 / 14		Taxable year end	: FILING S	Corporation	Partne	rship
Address City/St/ZIP			M M D D Y	Y (Mark ": one box	X" in		
3.3, 33 2				US DOLLA	ARS —	CE	NTS
			Tentative tax due				
Under penalties of perjury, I declare that I have bee	en authorized by the above-named taxpaver to	make this	(See reverse side)			•	
application, and that to the best of my knowledge	and belief the statements herein are true and co	orrect:		Check here	if you transn	nitted _	
Sign here:	Date:tment of Revenue, 5050 W Tennessee St. Tallah	nassee FL 3239	99-0135	funds electr	ronically		<u>'</u> Ш
make sheeke payable and mail tel. Fished Separ							
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FI	il December of Dec	C			_		
ule 12C-1.051	orida Department of Revenue —					F-112 R. 0	20ES 01/09
	on/Installment of Florida Estir ccise Tax for Taxable Year Beg						.,, 00
Lineigency Ex	loise tax for taxable fear beg	irining on	of Arter bandary 1,	2003	Installm		_
You must write within the boxes. (exal	mple) 0 1 2 3 4 5 6 7 8 9	If typing,	type through the boxes	3. (example)	012345	6789	
Write your numbers as show	wn and enter one number per box.		FEIN				
	1100						Щ
	1120			Taxable year end	M M D	D Y	Υ
Name				Estimated	tax pav	/ment	 t
Address			-	(See r	reverse side)		
City/St/ZIP			<u> </u>	US DOLLA	ARS —	CEI	NTS
L	Check here if you transm	itted _		Office use		D V	
Make checks payable and mail to: Florida Depar	funds electronically tment of Revenue, 5050 W Tennessee St, Tallah	nassee FL 3239	 99-0135	only	M M D	DY	Υ

Closing or Sale of Business or Change of Legal Entity The legal entity changed on _____/ ____/ ____ __. 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 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.) The business was sold on _____/ _____. The new owner information is: Telephone number of new owner: (_____) ___ Mailing address of new owner: State: _ City: Sales and Use Tax FEIN Certificate Number _____Telephone number (___ Signature of officer (Required) ___ ____ Date ___ F-7004 Information for Filing Form F-7004 R. 01/09 When to file - File this application on or before the original due date of the **B.** If applicable, state the reason you need the extension: taxpayer's 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 C. Type of federal return filed:____ Penalties for failure to pay tax — If you are required to pay tax with this application, Contact person for questions: failure to pay will void any extension of time and subject the taxpayer to penalties and Telephone number: (_____) interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due. Signature — A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to Florida Income/Franchise practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified **Extension of Time Request Emergency Excise Tax Due** Public Accountant qualified to practice before the IRS under Public Law 89-332. 1. Tentative amount of Florida tax for the taxable year 2. LESS: Estimated tax payments for the taxable year If the answer is "No," complete Item B. 3. Balance due — You must pay 100% of the tax An extension for Florida tax purposes may be granted, even though no federal tentatively determined due with this extension request extension was granted. See Rule 12C-1.0222, F.A.C., for information on the Transfer the amount on Line 3 to **Tentative tax due** on reverse side. requirements that must be met for your request for an extension of time to be valid. F-1120ES Information for Filing Form F-1120ES R. 01/09 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 declare estimated tax for the taxable year if the amount of income tax liability and emergency excise tax Phone number: (____ ___) ___ liability for the year will be more than \$2,500. To file online go to www.myflorida.com/dor 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

declaration or paying estimated tax, you will be assessed interest and penalties.

4. Interest and Penalties - If you fail to comply with the law about filing a

estimated tax.

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. 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 on Line 3 to **Estimated tax payment** box on front.

Rule 12C-1.051	Florida Department of Revenue — Corporate Income Tax	. 1	F-1120ES
Florida Administrative Code Effective 01/09	Declaration/Installment of Florida Estimated Income/Franchise and		R. 01/09
l.	Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2009	Installr	
You must write wit	hin the boxes. _(example) O I 2 3 4 5 6 7 8 9 If typing, type through the boxes. _(example)	01234	56789
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Make checks payable ar	nd mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only W W	
Rule 12C-1.051 Florida Administrative Code	Florida Department of Revenue — Corporate Income Tax Declaration/Installment of Florida Estimated Income/Franchise and	ı	F-1120ES R. 01/09
Effective 01/09	Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2009	Installr	ment #
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Rule 12C-1.051	Florida Department of Revenue — Corporate Income Tax	. 1	F-1120ES
Florida Administrative Code Effective 01/09	Declaration/Installment of Florida Estimated Income/Franchise and	—	R. 01/09
L	Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2009	Installr	
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	Check here if you transmitted Office funds electronically		D V V
Make checks payable ar	nd mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only W W	וועו

Information for Filing 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 and/or Chapter 221, Florida Statutes, must declare estimated tax for the
 taxable year if the amount of income tax liability and emergency excise tax
 liability for the year will be more than \$2,500.
- 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
- 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 o	uestions:		
Phone number: ()		

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

Estimated Tax Payment		Combined Income/Franchise and Emergency Excise 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 Form F-1120ES

F-1120ES R. 01/09

- 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 declare estimated tax for the taxable year if the amount of income tax liability and emergency excise tax liability for the year will be more than \$2,500.
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Contact person for questions:	-
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Information for Filing Form F-1120ES

F-1120ES R. 01/09

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