Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120

					Name Addr City/3	ess	e/ZIF	D							Eff	ective	01/12
	Use black ink. Example A - Handwritten Example B - Typed		,					eck he ne or a		-	hange	es ha	ve be	een m	ade t	•	٦
	Federal Employer Identification Number (FEIN)	late					DOR on	use			/	/		/	′		
	Computation of Florida Net Income and Emergency Ex	kcise Tax	(- -				-	S Do	lars					 		nts
1.	Federal taxable income (see instructions). Attach pages 1–5 of federal return	Check here		1.] [
2.	State income taxes deducted in computing federal taxable income (attach schedule)	Check here	•	2.		, 						┍]			
3.	Additions to federal taxable income (from Schedule I)	Check here if negative		3.													
4.	Total of Lines 1, 2, and 3.	Check here	•	4.													
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative		5.								, 					
6.	Adjusted federal income (Line 4 minus Line 5)	Check here if negative		6.		_						,			-		
7.	Florida portion of adjusted federal income (see instructions)		Check I if nega		7.							,					
8.	Nonbusiness income allocated to Florida (from Schedule R)		Check I if nega		8.							<u> </u>					
9.	Florida exemption				9.							,					
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	0										\square					
	(see instructions for Schedule VI)				11.				╞──┤			╞			-		
	Credits against the tax (from Schedule V)				12.												
13.	Emergency excise tax due (from Schedule A)							1			ı 🗖			1			
	(Note: Repealed effective for tax years ending in 2012)				13.							<u> </u>			-		
14.	Total corporate income/franchise and emergency excise tax due (se	ee instruct	ions).		14.				,						-		
	Payment Coupon for Florida Corporate Income	Tax Ret	turn				Do r	not d	leta	ch	couj	pon					120
	To ensure proper credit to your account	nt, enclos	se yo	our ch	eck v	vith	tax	retu	rn w	her	n ma	iling	J.			R. 01	/12
	YEAR M M D D Y Y Return is	s due 1st	day	of th	e 4th	mo	nth a	after	clos	se o	f the	tax	able	e yea	ır.		
					<u> </u>				US DC	LLAR	s —					CENT	s
	Check here if you transmitted funds electronically	fi	rom L	ount di ine 18	Le			_,			_,				• [
		fr	rom L	credit ine 19				_,			_,				• [
	Name Address		rom L	efund ine 20				_,			_,				• [
	City/St/ZIP	Enter F	FE EIN if no	IN t pre-addre	ssed												
		F		1]		2		J							Г	



15	. a) Pena	alty: F-2220	b) Other] [1]		
	c) Inter	est: F-2220	d) Other		Line 15	Total ► 15.											
] [í –]		
		f Lines 14 and 15				16.						Jy					
17	. Payme	nt credits: Estimated tax	payments 17a	\$] [1]		
			payment 17b			17.						Jy			•		
18		mount due: Subtract Line									ı ——	I	ı — – – 1		1		
		re and on payment coupo n Line 19 and/or Line 20 .				18											
19		Enter amount of overpa							7			1					
		nd on payment coupon	•			19.											
] [í –]		
20	. Refund	I: Enter amount of overp	ayment to be <mark>refu</mark>	nded here and on pay	yment co	oupon 20.						J					
		This r	eturn is conside	red incomplete unles	ss a cop	v of the federa	al retu	rn is	attacl	ned.		-					
		t signed, or improperly signe									is pr	operly	signe	d an	d verit	fied. Yo	our
return n	nust be cor	npleted in its entirety.	declare that I have exa	mined this return, including a	accompanyi	ng schedules and s	tatemen	ts and	to the h	est of m	/ knov	vledae	and he	lief it	is true	correc	+
				axpayer) is based on all inform							, 11101	neuge		101, 10	10 11 10	, 001100	,, ,
Sign h	ere					Title											
oigitt		Signature of officer (must be an o	original signature)	Date													
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Paid	sign	nature		Date		employed											
prepa only		n's name (or yours				FEIN											
	if se	address				ZIP											
	and																
		All Ta	axpayers Must A	Answer Questions A	A Throug	gh M Below -	– See	e Insi	tructio	ns							
Α.	State of inc	corporation:			H-2.	Part of a federal co	nsolidat	ed retu	urn? YES			If ves.	orovide	:			
В.	Florida Sec	cretary of State document number	r:			FEIN from federal of											
C.	Florida con	solidated return? YES	NO 🖵			Name of corporatio											
D.		eturn 🔲 Final return (final feder	·		H-3.	The federal commo	n parent	has sa	ales, prop	erty, or p	oayroll	in Flor	da? YI	es 🗆) NO		
E.		lection section (s.) 220.03(5), Flor	ida Statutes (F.S.) 🖵 🤇	ieneral Rule	I.	Location of corpora	ate book	(S:									
		n A 🖵 Election B		_		City:					_State	e:		Z	P:		
F.	Principal Bu	usiness Activity Code (as pertains	s to Florida)		J.	Taxpayer is a mem	ber of a	Florida	a partners	ship or ja	int ver	nture?	YES [
					К.	Enter date of latest	IRS auc	dit:									
G.	A Florida ex	xtension of time was timely filed?	YES 🗋 NO 📮			a) List years examin											
H-1.	Corporation	n is a member of a controlled gro	up? YES 🗋 NO 🗋	if yes, attach list.	L.	Contact person con	0	•									
						a) Contact person t	•			/							
					M.	Type of federal retu	Irn filed	_ 112	20 🖵 11	20S or _							
W/bo	ra ta S	Sand Dovimanta	and Daturn	•		Dama											
		Send Payments		5		Remem	ber										
		ayable to and mail with repartment of Revenue				 Make 	vour	[,] che	eck p	avab	le t	o th	e Flo	orid	а		
		Fennessee Street	7			Depar	-		-	-		-	-				
		see FL 32399-0135				-											
I4			0)	t		Vite	your	FEI	N on	your	ch	eck.					
		esting a refund (Line 2 epartment of Revenue		turn to:		 Sign y 	our	che	ck an	d ret	urn						
	i ulua D	epartment of neveriue	,		1	- <u>-</u>						-					
1		5440															
	PO Box 6	6440 see FL 32314-6440															
	PO Box 6																

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

F-1120 R. 01/12 Page 2

NAME	FEIN TAXABLE YEA	AR ENDING
Sc	chedule A — Computation of Emergency Excise Tax (repealed effective for tax years endin	ıg in 2012)
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, AM
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 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 (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. 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. Other additions (attach statement)	18.	18.
 Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. 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. 	19.	19.

NAME	FEIN		TAXABLE YEAR ENDING			
So	chedule 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 \$ (b) plus s. 862, IRC dividends \$ (c) less direct and indirect expenses \$ Tree to the second	otal ►	1.	1.		
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ (b) less direct and indirect expenses \$ To Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.	otal ≻	2.	2.		
3.	Florida net operating loss carryover deduction (see instructions)		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 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 the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5	I	12.	12.		

Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato		(C) ERE Col. (a) ÷ Col. (b) Rounded to Six Decin Places			(d) Weight If any factor in Column (b) is zer see note on Page 10 of the instruc		(e) Weighted Factors Rounded to Six Decimal Places	
1. Property (Schedule III-B below)				1 10005			5% or		14000	
2. Payroll							5% or			
3. Sales (Schedule III-C below)							0% or			
4. Apportionment fraction [Sum of	of Lines 1. 2. and 3. Colu	mn (e)]. Enter here	and on S	Schedule IV. Line	2.					
PPT 1 PT	,,,,	(-/1		WITHIN			то	TAL EVER	RYWHERE	
III-B For use in computing avera	III-B For use in computing average value of property (use original cost		a. Bec	ginning of year	-	End of year	c. Beginning of			
1. Inventories of raw material, we	ork in process, finished g	oods		<u> </u>				,		
2. Buildings and other depreciab										
3. Land owned										
4. Other tangible and intangible (f	financial org. only) assets	(attach schedule)								
5. Total (Lines 1 through 4)	.	× ,								
	6. Average value of property a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)6a									
a. Rented property in Florida	7. Rented property (8 times net annual rent) a. Rented property in Florida									
 Total (Lines 6 and 7). Enter on a. Enter Lines 6 a. plus 7 a. an Column (a) for total average b. Enter Lines 6 b. plus 7 b. an Column (b) for total average 	nd also enter on Schedule e property in Florida nd also enter on Schedul	e III-A, Line 1, e III-A, Line 1,	8a				8b			
III-C Sales Factor						-	(a) THIN FLORIDA merator)	тс	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)						1	N/A			
2. Sales delivered or shipped to Florida purchasers									N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)										
4. TOTAL SALES [Enter on Sche	dule III-A, Line 3, Columr	ns (a) and (b)]								
III-D Special Apportionment Frac	ctions (see instructions)			(a) WITHIN FLOP	RIDA	(b) TOTAL	EVERYWHERE		RIDA Fraction [(a) \div (b)] ded to Six Decimal Places	
1. Insurance companies (attach o	copy of Schedule T–Ann	ual Report)								
2. Transportation services										

FEIN

TAXABLE YEAR ENDING

9.

10.

11.

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

11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11

Florida net income (Line 7 plus Line 8 minus Line 9)

9.

10.

Florida exemption

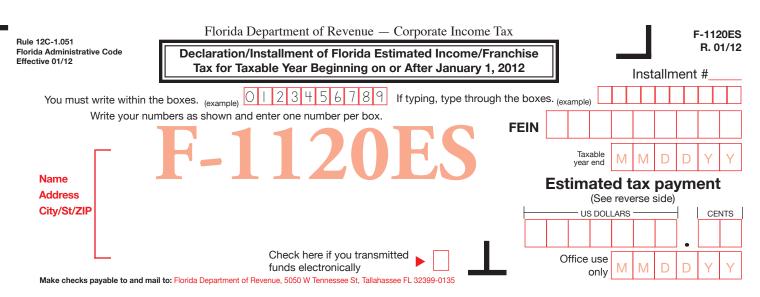
NAME		FEIN	TAXA	BLE YEAR ENDING
Sche	edule R — Nonbusiness Incom	e		
	Nonbusiness income (loss) alloo <u>Type</u>	cated to Florida		<u>Amount</u>
	(Enter here and on Page 1, Line 8	or Schedule VI, Line 8 for AMT)		
Line 2.	Nonbusiness income (loss) alloo <u>Type</u>	State/country allocated to		<u>Amount</u>
	Total allocated elsewhere		2	
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II, Lin		3	
		Estimated Tax Worksheet e Years Beginning On or After Janua		
1.		ar		
2.		of a controlled group, see instructions on Page 15 of		
3.	Estimated Florida net Income (Line 1)	ess Line 2)		3. \$
4.	 Less: Credits against the tax * Taxpayers subject to federal alternative minimum inimum tax at 3.3% and enter the greater of the second s			4. \$
5.	Computation of installments:			
	payment amounts: L	ast day of 4 th month - Enter 0.25 of Line 4 ast day of 6 th month - Enter 0.25 of Line 4 ast day of 9 th month - Enter 0.25 of Line 4 ast day of fiscal year - Enter 0.25 of Line 4		5b 5c
	NOTE: If your estimated tax should ch below to determine the amended amo	-		
1. 2.	Less: (a) Amount of overpayment from last			1. \$
		2a. — \$		
		declaration (F-1120ES) 2b. — \$		00 ¢
2				
3. 4.		number of remaining installments)		
т.	, another to be paid (Line o divided by i			·· Ψ

Complete this form, sign it, and mail to the Department of Revenue 5050 Without numbers as shown and enter one number per box. Mail to the Department of Revenue 5050 Without numbers as shown and enter one number per box. Name Madress Build States I and State I and S	Change	o of Adducou		CHANGE	FEIN of entity	-	
It to the Department it: The dadress block is not correct. The business location changes. for da Department of Hevenue 5050 X Tensoses St Talahassee FL 32399-0100 Address City					Business location		
• The corporation name changes. F-11200					City	StateZIP	
Feedbaland Administrative Code Telester 1012 Mailing address Mailing a		0	Tallahassee FL 32399-0100		Business telephone ()	County	
F-11200 Mailings CityStateZIP Owner's telephone (County Business Name Orgonation Signature of Officer (Required) Date New Corporation New Corporation Name PLOD D 2D1L19999 D0D2005999 & 399999999 D0000 2 Rel 22-1.051 Protida Administrative Code Effective Officer (Required) Forida Department of Revenue - Corporate Income Tax Return and Application for Extension of Time to File Return F-704 R. 01/12 Vie 120-123456789 If typing, type through the boxes. (example) 0123456789 Viet your numbers as shown and enter one number per box. Write your numbers as shown and enter one number per box. FEIN Corporation Name Address City/St/ZIP F-7000044 Taxable year enct: Corporation Partnership Midte Yor Nith One box only					In care of		
Address Civ			100		Mailing address		
Owner's telephone (H'_ I			City	StateZIP	
Business DBA					Owner's telephone ()	County	
Signature of Officer (Required) Date Name 9100 0 20119999 0002005999 & 3999999999 0000 2 Plot 0 20119999 0002005999 & 39999999999 0000 2 Fronde Forida Department of Revenue - Corporate Income Tax F-7004 Biorida Administrative Code Florida Tentative Income / Franchise and Emergency Excise Tax Must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9 Vou must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9 Write your numbers as shown and enter one number per box. FEIN Mame Address Corporation Partnership Mud D D Y Y Plues Staves Must Write your numbers as shown and enter one number per box. FEIN Mame Address Corporation Partnership Mud D D Y Y Plues Staves				Business			
Signature of Officer (Required) Date Hame				New			
Rule 12C-1.051 Florida Administrative Code Effective 01/12 Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return F-704 R. 01/12 You must write within the boxes. (example) 0 2 3 4 5 6 7 8 9 Write your numbers as shown and enter one number per box. F 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 1 1 1 0 1	Signature o	of Officer (Required)	Date		on		
Rule 12C-1.051 Florida Administrative Code Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return Not the boxes. (example) Vou must write within the boxes. (example) If yping, type through the boxes. (example) If yping, type through the boxes. (example) Name Address City/St/ZIP R. 01/12			aroo o sorra	999 00	02005999 8 3	999999999 0000	2
Rule 12C-1.051 Florida Administrative Code Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return Not the boxes. (example) Vou must write within the boxes. (example) If yping, type through the boxes. (example) If yping, type through the boxes. (example) Name Address City/St/ZIP R. 01/12							
Rule 12C-1.051 Florida Administrative Code Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return Not the boxes. (example) Vou must write within the boxes. (example) If yping, type through the boxes. (example) If yping, type through the boxes. (example) Name Address City/St/ZIP R. 01/12							
Rule 12C-1.051 Florida Administrative Code Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return Not the boxes. (example) Vou must write within the boxes. (example) If yping, type through the boxes. (example) If yping, type through the boxes. (example) Name Address City/St/ZIP R. 01/12	•	Flo	rida Department of Revenue -	Corporat	te Income Tax		E 7004
Effective 01/12 Return and Application for Extension of Time to File Return You must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9 You must write within the boxes. (example) 0 1 2 3 4 5 6 7 8 9 Write your numbers as shown and enter one number per box. FEIN Name Address City/St/ZIP File Return			•				
Name Address City/St/ZIP	Effective 01/12						
Name Address City/St/ZIP Fillow Corporation Partnership	You must wr	ite within the boxes. (example) 0 1 2 3 4 5 6 7 8 9	If typing,	type through the boxes. (example) 01234567	89
Name Address City/St/ZIP					FFIN		
Address City/St/ZIP	Namo		700/			Corneration Da	
City/St/ZIP		Γ-/UU4				FILING STATUS	rtnersnip
	City/St/ZIP					US DOLLARS	CENTS

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:
Sign here: _____ Date: _____ Date: ______

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

9100 0 20119999 0002005030 6 3999999999 0000 2



9100 0 20129999 0002005033 0 3999999999 0000 2

	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 <i>Florida Business Tax Application</i> (Form DR-1), formerly called an Application to Collect and/or Report Tax in Florida.								
	The business was closed permanently on/	_/ (The Department w	ill remove your corporate inco	ome tax obligation as of this date.)					
	Are you a corporation/partnership required to file sales and use tax returns?								
	The business was sold on / / The new owner information is: Name of new owner: Telephone number of new owner: () Mailing address of new owner:								
		County:		_ZIP:					
	FEIN	Sales and Use Tax Certificate Number							
Sigr	nature of officer (Required)	Date	Telephone	number ()					

Information for Filing Form F-7004

F-7004 R. 01/12

When to file — File this application on or before the original due date of the 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

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and 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 practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The F-7004 must be filed – To receive an extension of time to file your Florida return, 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 file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid. **A.** If applicable, state the reason you need the extension:

B. Type of federal return filed: Contact person for questions: Telephone number: (_____) ___

Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
 Balance due — You must pay 100% of the tax tentatively determined due with this extension request. 	3.

Transfer the amount on Line 3 to Tentative tax due on reverse side.

Information for Filing Form F-1120ES

F-1120ES R. 01/12

- 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.

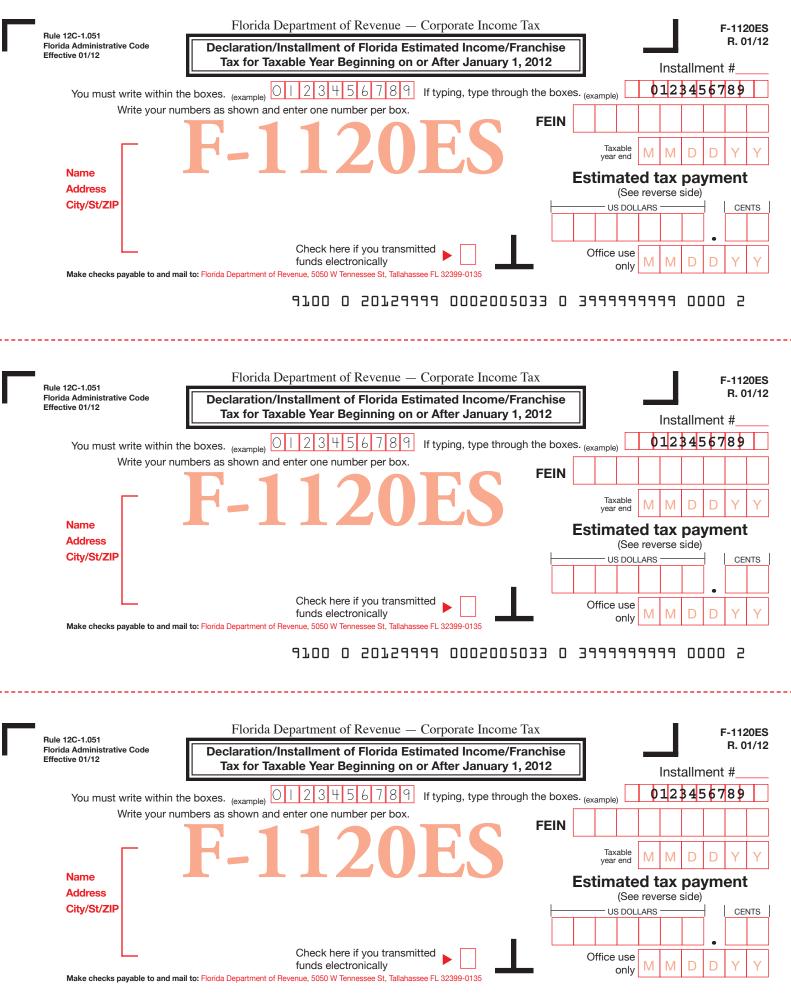
Contact person for questions:

Phone number: (____ __) __

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.



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