# Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/13

Rule 12C-1.051
Florida Administrative Code

					Name Addre	ess State											ve 01/13
	Use black ink. Example A - Handwritten Example B - Typed  O   1   2   3   4   5   6   7   8   9			-				ck he e or a		-	hang	es ha	ave b	een n	nade	to_	$\neg$
	Federal Employer Identification Number (FEIN)  ending Year end date	e				D	OR i					<b>'</b> [			<del> </del>		
	Computation of Florida Net Income Tax			<u>'</u>				—US	Dol	lars					+	0	ents
1.	Federal taxable income (see instructions).	heck here		, [									7		]		
2.		heck here		2.	」└ <b>┘,</b> ]			Ш, П				<u>,                                     </u>	] [ ] [		] ]		
3.		heck here		3.	] [],										] .		
4.	Total of Lines 1, 2, and 3.	heck here negative		4.	][			Ώ,							] .		
5.	Subtractions from federal taxable income (from Schedule II)	heck here negative		5.											] .		
6.	Adjusted federal income (Line 4 minus Line 5) if	heck here negative		6.	<u> </u>			Ц,				<u>,                                    </u>			] <b>.</b>	Ļ	
7.	Florida portion of adjusted federal income (see instructions)		heck h		7.			Ц,				<u>,                                    </u>			<u> </u>	Ļ	
8.	Nonbusiness income allocated to Florida (from Schedule R)	CI if	heck h	ive	8.			Ш,				Ļ			] .	L	
9.	Florida exemption				9.							<u>,                                    </u>			<u> </u>	L	
	Florida net income (Line 7 plus Line 8 minus Line 9)				10.			Ц,							] <b>.</b>	Ļ	
	(see instructions for Schedule VI)				11.			Ц,							<u> </u>	L	
12.	Credits against the tax (from Schedule V)				12.			Ц,				<u> </u>					
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)				13.			Ш,									
	Payment Coupon for Florida Corporate Income Ta  To ensure proper credit to your account, e	enclos	e yo	ur ch		/ith t	tax ı	retui	n w	her		iilin	g.	e ye	ar.		-1120 01/13
	Check here if you transmitted funds electronically			ount d	ue				JS DO	LLAR	s —				ı	CEN	NTS
	Enter name and address, if not pre-addressed:	To	otal o	redit				_ <b>,</b>			<b></b> _				•		
	Name	To	otal r	efund ine 19				_ <b>,</b>   							•		
	Address City/St/ZIP		FE		ssed						_, [				- 1	_	
		F		1			2										



14.	a) Penalty: F-2220	
	c) Interest: F-2220 d) Other	_ Line 14 Total ➤ 14.
15.	Total of Lines 13 and 14	15
	De march and the Fatherstad to a march at the	
10.	Tentative tax payment 16b \$	
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amo	
	due here and on payment coupon. If the amount is negative (overpaynenter on Line 18 and/or Line 19	nent),
18.	Credit: Enter amount of overpayment credited to next year's estimate	ited tax
	here and on payment coupon	18. L.
19.	Refund: Enter amount of overpayment to be refunded here and on p	payment coupon 19.
		less a copy of the federal return is attached.  ty. The statute of limitations will not start until your return is properly signed and verified. Your
	Under penalties of perjury, I declare that I have examined this return, including and complete. Declaration of preparer (other than taxpayer) is based on all in	g accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, formation of which preparer has any knowledge.
Sign he	Signature of officer (must be an original signature)  Date	Title
	, , , , , , , , , , , , , , , , , , , ,	Preparer Preparer's
Paid	Preparer's signature Date	check if self- employed
prepare only	ers	
Offity	Firm's name (or yours if self-employed)	FEIN
	and address	ZIP
	All Taxpayers Must Answer Questions	A Through M Below — See Instructions
A.	State of incorporation:	H-2. Part of a federal consolidated return? YES NO If yes, provide:
	Florida Secretary of State document number:	H-2. Part of a federal consolidated return? YES \(\sigma\) NO \(\sigma\) if yes, provide:  FEIN from federal consolidated return:
C.	Florida consolidated return?	Name of corporation:
D.	☐ Initial return ☐ Final return (final federal return filed)	H-3. The federal common parent has sales, property, or payroll in Florida? YES NO
E.	Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) 🔲 General Rule	I. Location of corporate books:
	☐ Election A ☐ Election B	City: State: ZIP:
F.	Principal Business Activity Code (as pertains to Florida)	J. Taxpayer is a member of a Florida partnership or joint venture? YES $\square$ NO $\square$
		K. Enter date of latest IRS audit:
G.	A Florida extension of time was timely filed? YES NO	a) List years examined:
	Corporation is a member of a controlled group? YES \(\sigma\) NO \(\sigma\) If yes, attach list.	L. Contact person concerning this return:
		a) Contact person telephone number: ()
		M. Type of federal return filed 🗖 1120 🗖 1120S or
Wher	e to Send Payments and Returns	Remember:
Make c	heck payable to and mail with return to:	Make your cheek payable to the Florida
	lorida Department of Revenue	<ul> <li>Make your check payable to the Florida</li> <li>Department of Revenue.</li> </ul>
	050 W Tennessee Street	Department of nevenue.
li	allahassee FL 32399-0135	Write your FEIN on your check.
If you a	re requesting a refund (Line 19), send your return to:	Cian your sheek and voture
	orida Department of Revenue	✓ Sign your check and return.
	O Box 6440	
16	allahassee FL 32314-6440	
		Attach a copy of your federal return.
		Attach a copy of your reactal return.

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



NAME	FEIN IAAADLI	E YEAR ENDING
Schedule I — Additions and/or Adjustments to Federal Taxal		mn (a) Column (b) page 1 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 deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
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.
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. Research and Development tax credit	18.	18.
19. Energy Economic Zone tax credit	19.	19.
20. Other additions (attach statement)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Co Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Li		21.

Schedule 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 \$  Total ➤	1.	1.
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 6, and complete Schedule IV.	3.	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 Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5	12.	12.



Schedule III — Apportionment of Adjusted Federal Income

III-A	For use by taxpayers doing	business outside Flori	da, except those	providin	g insurance or t	ansport	ation services.					
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato		(c) Col. (a) ÷ Co Rounded to Six I Places	٠,,		(d) Weight If any factor in Column (b) is zer see note on Page 9 of the instructi		(e) Weighted Factors Rounded to Six Decimal Places		
1. F	Property (Schedule III-B below)						X 2	5% or				
2. F	Payroll						X 2	5% or				
3. 8	Sales (Schedule III-C below)						X 5	0% or				
4. A	Apportionment fraction (Sum of	of Lines 1, 2, and 3, Colu	ımn [e]). Enter here	and on	Schedule IV, Line	2.						
III-B	For use in computing avera	ge value of property (us	se original cost).		WITHIN F					RYWHERE		
1 1	nventories of raw material, wo	ork in process finished a	nods	a. Be	ginning of year	b. E	End of year	c. Beginning of	year	d. End of year		
	Buildings and other depreciab		0003									
	and owned	10 400010										
	Other tangible and intangible (f	inancial org. only) assets	(attach schedule)									
	otal (Lines 1 through 4)	manolal org. orny) accord	(attach schodalo)									
6. <i>A</i>	Average value of property a. Add Line 5, Columns (a) and b. Add Line 5, Columns (c) and	d (d) and divide by 2 (for						6b				
а	Rented property (8 times net a B. Rented property in Florida  Rented property Everywher							7b				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida												
III-C Sales Factor						(a) THIN FLORIDA merator)	(b) TOTAL EVERYWHERE (Denominator)					
1. 8	Sales (gross receipts)						1	V/A				
2. 8	Sales delivered or shipped to I	Florida purchasers								N/A		
3. (	Other gross receipts (rents, roy	yalties, interest, etc. whe	n applicable)									
4. T	OTAL SALES (Enter on Scheo	dule III-A, Line 3, Columr	ns [a] and [b])									
III-D S	Special Apportionment Frac	etions (see instructions)			(a) WITHIN FLOF	RIDA	(b) TOTAL	EVERYWHERE		PRIDA Fraction ([a] ÷ [b]) ded to Six Decimal Places		
1. lı	nsurance companies (attach o	copy of Schedule T-Anni	ual Report)									
2. T	ransportation services											
S	chedule IV — Com	nputation of Flo	orida Portio	n of A	djusted Fe	deral	Income					
							Ad	lumn (a) djusted ral Income		Column (b) Adjusted AMT Income		
1.	Apportionable adjusted fed	deral income from Page	1, Line 6 (or Line 6	Schedu	le VI for AMT in C	ol. [b])	1.		1.			
2.	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.	4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)			4.		4.						
5.	Net capital loss carryover a	apportioned to Florida (a	ttach schedule; se	e instruc	tions)		5.		5.			
6.	Excess charitable contribu	tion carryover apportion	ed to Florida (attac	h sched	ule; see instructio	ns)	6.		6.			
7.	Employee benefit plan con	tribution carryover appo	rtioned to Florida (	attach so	chedule; see instr	uctions)	7.		7.			
8.	Total carryovers apportione	ed 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.					



*/ (1711	T EIN	notible 12 in ending
So	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.	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.	New markets tax credit	17.
18.	Entertainment industry tax credit	18.
19.	Jobs for the unemployed tax credit	19.
20.	Research and Development tax credit	20.
21.	Energy Economic Zone tax credit	21.
22.	Other credits (attach schedule)	22.
23.	Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11).  Enter total credits on Page 1, Line 12	23.

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.



	<u>Type</u>			<u>A</u>	<u>.mount</u>
		2 8 or Schedule VI, Line 8 for AMT)			
		State/country allocated to			<u>amount</u>
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 an (Enter here and on Schedule II,				
	For Taxa	Estimated Tax Worksheet ble Years Beginning On or After January	y 1, 2013		
1.	Florida income expected in taxable	year		1.	\$
2.		s of a controlled group, see instructions on Page 14 of		2.	\$
3.					
4.	Total Estimated Florida tax (5.5% of Less: Credits against the tax	1 less Line 2) \$  of Line 3)* \$  minum tax must compute Florida alternative of these two computations.		4.	\$
5.	Computation of installments:  The payment for June 2013 is du	e on or before June 28, 2013.			
	Payment due dates and	Last day of 4 <sup>th</sup> month - Enter 0.25 of Line 4			
	payment amounts:	Last day of 6 <sup>th</sup> month - Enter 0.25 of Line 4 Last day of 9 <sup>th</sup> month - Enter 0.25 of Line 4			
		Last day of fiscal year - Enter 0.25 of Line 4			
		I change during the year, you may use the amended com mounts to be entered on the declaration (Florida Form F			
1.	Amended estimated tax			1.	\$
	Less:				· · · · · · · · · · · · · · · · · · ·
	(a) Amount of overpayment from				
		te2a \$		-	
	* *	tax declaration (Florida Form F-1120ES) 2b \$			•
•	* * * * * * * * * * * * * * * * * * * *				
3.		c))by number of remaining installments)			
	Amount to be poid / line a divided	ny nymhar at ramainina inatallmantal			a,

Complete this form, sign it, and mail it to the Department if:  • The address below is not correct. • The business location changes. • The corporation name changes.  Mail to: Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0100	CHANGE IN  New Location Address  New Mailing Address  New Business Name New	Business location  City  Business telephone (  In care of  Mailing address  City  Owner's telephone (	State_	ZIPCounty		- - -
Signature of Officer (Required)  Date	Corporatio Name	n				
9100 0 2012  Florida Department of Revenue			39999	19999 0		-7004
Rule 12C-1.051 Florida Administrative Code Florida Tentative Income	e / Franchise	Тах			R.	01/13
You must write within the boxes. (example)  Write your numbers as shown and enter one number per box  Name Address City/St/ZIP  Under penalties of perjury, I declare that I have been authorized by the above-named taxpaye application, and that to the best of my knowledge and belief the statements herein are true ar  Sign here:  Date:  Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tal	If typing,  DX.  er to make this and correct:	Taxable year er  M M D D  Tentative tax due (See reverse side)	nd:  Y  FILING (Mar one t)  US DO  Check he funds ele	Corporations of the control of the c	smitted	ership
Florida Department of Revenue Florida Administrative Code Effective 01/13  Florida Department of Revenue  Declaration/Installment of Florida  Tax for Taxable Year Beginning	Estimated I	ncome/Franchise		Install		120ES 01/13
You must write within the boxes. (example)	9 If typing,	type through the box	es. (example)	01234	5678	)
Write your numbers as shown and enter one number per bo	E	S FEIN	Taxable year end			Y
Address City/St/ZIP		1	(Se	e reverse sid	e)	
		_	US DO	LLARS		ENTS
Check here if you tran funds electronically  Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tal		0135	Office use only		) D Y	Υ

#### 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 corporation is registered for Sales and Use Tax, you must complete a new Florida Business Tax Application (Form DR-1), formerly called an Application to Collect and/or Report Tax in Florida. 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: Telephone number of new owner: ( \_\_\_\_\_\_) \_\_\_\_ Name of new owner: Mailing address of new owner: \_\_\_\_ ZIP: City: State: Sales and Use Tax **FEIN** Certificate Number Signature of officer (Required) \_\_\_ \_\_\_\_\_\_Date \_\_\_\_\_Telephone number ( \_\_ Information for Filing Florida Form F-7004 F-7004 R. 01/13 When to file — File this application on or before the original due date of the taxpayer's **A.** If applicable, state the reason you need the extension: 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, **B.** Type of federal return filed:\_\_\_\_ failure to pay will void any extension of time and subject the taxpayer to penalties and Contact person for questions: interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty Telephone number: (\_\_\_\_\_) for a late-filed return when no tax is due. **Signature** — A person authorized by the taxpayer must sign Florida 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 Florida Income/Franchise Accountant qualified to practice before the IRS under Public Law 89-332. **Extension of Time Request** Tax Due The Florida Form F-7004 must be filed - To receive an extension of time to file your 1. Tentative amount of Florida tax for the taxable year Florida return, Florida 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 2. LESS: Estimated tax payments for the taxable year file a Florida return. An extension for Florida tax purposes may be granted, even though no federal 3. Balance due — You must pay 100% of the tax extension was granted. See Rule 12C-1.0222, F.A.C., for information on the tentatively determined due with this extension request requirements that must be met for your request for an extension of time to be valid. Transfer the amount on Line 3 to **Tentative tax due** on reverse side. Information for Filing Florida Form F-1120ES F-1120ES R. 01/13 1. Who must make estimated tax payments — Every domestic or foreign Contact person for questions:\_\_\_ 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 Phone number: (\_\_\_\_\_) amount of income tax liability for the year will be more than \$2,500. 2. Due Date — The payment for June 2013 is due on or before June 28, 2013. To file online go to www.myflorida.com/dor 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.

Estimated Tax Pa	yment	Income/Franchise Tax
Amount of this installment		1.
Amount of overpayment from estimated tax and applied to		2.
3. Amount of this payment (Line	e 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	_				-1120
Florida Administrative Code Effective 01/13	$\exists$		] 		R. 01/	
	Tax for Taxable Year Beginning on or After January 1, 2013	<b>-</b>		tallm		
	in the boxes. <sub>(example)</sub> O I 2 3 4 5 6 7 8 9 If typing, type through the boxe	S. (example)	012	345	567	89
Write your	numbers as shown and enter one number per box.					
	H_II/OHS	Taxable	ММ	D	D	V ,
Name		year end <b>Estimate</b>			$\perp$	 ent
Address			e reverse			J110
City/St/ZIP		US DOL	LARS —	_	- 1 [	CENT
L	Check here if you transmitted funds electronically	Office use		D	D	Y
Make checks payable to an	d mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only	101 101			
Rule 12C-1.051 Florida Administrative Code Effective 01/13	Florida Department of Revenue — Corporate Income Tax  Declaration/Installment of Florida Estimated Income/Franchise Tax for Taxable Year Beginning on or After January 1, 2013	7		+011		-1120 R. 01/
		<b>-</b>		tallm		
You must write withi	in the boxes. (example) 0 1 2 3 4 5 6 7 8 9 If typing, type through the boxe	S. (example)	012	345	567	89
vvrite your	numbers as shown and enter one number per box.					
	$H_{\perp}IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII$	Taxable	ММ	D	D	γ,
Name Address	1-112010	year end  Estimate		pay	yme	ent
City/St/ZIP	_	US DOL			<u> </u>	CENT
	_					
	Check here if you transmitted	Office use				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Make checks payable to an	funds electronically d mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135	only	IVI IVI	D	ח	Υ
	9100 0 20139999 0002005033 7	399999	9999	00	00	2
Rule 12C-1.051	Florida Department of Revenue — Corporate Income Tax					-1120
Florida Administrative Code	Declaration/Installment of Florida Estimated Income/Franchise	╗				R. 01/
	Tax for Taxable Year Beginning on or After January 1, 2013		Ins	tallm	nent	#
You must write withi	in the boxes. <sub>(example)</sub> O I 2 3 4 5 6 7 8 9 If typing, type through the boxe	example)	012	345	567	89
Write your	numbers as shown and enter one number per box.					
_	E 112AEC			<del></del>		$\perp$
		Taxable year end	M M	D	D	Υ \
Name Address		Estimate	ed tax e reverse			ent
City/St/ZIP	<b>⊢</b>	US DOL			-	CENT
	Check here if you transmitted	Office use		+	] • [	+
	funds electronically	only		D	D	Y

### Information for Filing Florida 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, 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 The payment for June 2013 is due on or before June 28, 2013. 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.

## Information for Filing Florida Form F-1120ES

F-1120ES R. 01/13

- 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 The payment for June 2013 is due on or before June 28, 2013. 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 estimate	of overpayment from last year for credit to d 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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	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.