Florida Corporate Income/Franchise Tax Return

R. 01/19 Rule 12C-1.051, F.A.C. Effective 01/19

				Name Addre City/S	ess	e/ZIF)								tive 0 age 1	
	Use black ink. Example A - Handwritten Example B - Typed 1 2 3 4 5 6 7 8 9 0123456789 For calendar year beginning ending	or tax y	/ear					ere if addr	-	chang	jes h	ave b	een m	ade t		7
_	Year end date				(I	OOR					<i> </i>			,		
FE	deral Employer Identification Number (FEIN) Computation of Florida Net Income Tax					on	_	S Do	ا ا				/		<u> </u>	
1.	Federal taxable income (see instructions). Check here	e					—u ⊢	3 DC	llars	· —	1	7			Ce	nts
•	Attach pages 1–5 of federal return if negative		1.	JШ,				<u>,</u>			ارل					
2.	State income taxes deducted in computing federal taxable income Check here (attach schedule)	e	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 if negative	e	4.					,			,					
5.	Subtractions from federal taxable income (from Schedule II) Check here if negative		5.	ĮШ,				,								
6.	Adjusted federal income (Line 4 minus Line 5) Check here if negative		6.	L,				,			<u>, </u>					L
7.	Florida portion of adjusted federal income (see instructions)	Check h if negat	ere ve	7.],					
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check h if negat		8.				,],					
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			. 11.				,			<u>, </u>					
12.	Credits against the tax (from Schedule V)			. 12.				,			,					
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			. 13.				,			<u>, </u>					
-	Payment Coupon for Florida Corporate Income Ta To ensure proper credit to your account, enclo YEAR ENDING M M D D Y Y otherwise return is due to the second sec	se yo i <mark>s due</mark>	our ch	eck v	vith	tax • 4th	reti	urn nth a er th	whe	r the lose	ailir clo :	se o		taxa	ar.	1/19
	Т		nount o					_ 03	JULI						JULI	
	Enter name and address, if not pre-addressed:	Tota	l credit Line 18													
	Name Address		refunc Line 19													
	City/St ZIP		EIN not pre-add	ressed												
		F.	_	1			2								Γ	



14.	a) Penalty: F-2220	b) Other		_				——	1				_		- I
	c) Interest: F-2220	d) Other		Line 14 To	tal 🕨 14.										
								\neg					7		- 1
15.	Total of Lines 13 and 14				15			<u> </u>		اولسا ا	L				JL
16.	Payment credits: Estimated				10								7		1
17	Total amount due: Subtract L	ax payment 16b			16	٠		_		اولــــا ا					J L
17.	due here and on payment cou								1				٦		1
	enter on Line 18 and/or Line				17					اولسا ا					JL
18.	Credit: Enter amount of over		•										7		1
	here and on payment coupor	າ			18			<u></u>		اولــــا ا	L				JL
10	Defined: Enter amount of an		and a distance and a second												
19.	Refund: Enter amount of over	. ,		. ,						اولــــا					<u> </u>
	Th If your return is not signe	is return is conside								art until	VOUR R	aturn			
	ii your return is not signe		gned and verified. You					OHS WIII	1101 310	art uritii	your re	,tuiii			
		ry, I declare that I have exa on of preparer (other than t						to the bes	st of my	knowle	dge and	belief, i	t is true	, corre	ect,
		on or proparer (other than t	axpayor, to based on all in	normation of write		o driy kilo	wicago.								
Sign he	re Signature of officer (must be	an original signature)	Date	9	Title										
		ari original dignataro,	Dutt	<u> </u>	Preparer		Prepa	rer's							
Paid	Preparer's signature		Date	9	check if sel employed	lf-	PTIN								
prepare only				-	FEIN							+++	_		\dashv
Orny	Firm's name (or yours if self-employed)				FEIN						Ш				
	and address				ZIP										
	A	l Taxpayers Must	Answer Question:												
Α.	State of incorporation:			G-2. Part	of a federal c	onsolidate	ed return	? YES	ои 🗖	☐ If y	es, prov	ide:			
	Florida Secretary of State document nur				N from federal								_		
		NO U			ne of corporati								1		
	Initial return Final return (final	•			federal comm								I NO	_	
E.	Principal Business Activity Code (as per	tains to Fiorida)			ation of corpo								D.		
					oayer is a men										
	A Florida extension of time was timely file				er date of lates										
G-1.	Corporation is a member of a controlled	group? YES U NO U	If yes, attach list.	a) L	st years exam	nined:		_							
				K. Cor	tact person co	oncerning	this retu	rn:							
				a) C	ontact person	telephone	e numbe	r: ()							
					ontact person										
				L. Type	e of federal ret	turn filed	1120	1120	S or			_			
Wher	e to Send Payment	s and Return	IS												
	neck payable to and mail w			- 1	Remer	nbe	r:								
	orida Department of Rever			•	/ Mak	e you	r che	ck pa	ıvab	le to	the				
	050 W Tennessee Street			•		ida De									
Ta	allahassee FL 32399-0135														
lf you a	re requesting a refund (Line	e 19), send your re	eturn to:	٧	Write	e you	r FEII	N on y	our/	che	ck.				
	orida Department of Rever	nue		V	Sign	your	chec	k and	l ret	urn.					
	O Box 6440 allahassee FL 32314-6440					-									
18	4114144U														
									_						
				٧	Atta	ch a c	ору	of you	ır fe	dera	ı retu	ırn.			
				V	Atta	ch a c	opv	of you	ır Fl	orida	ì				
				·		n F-70		_				f			
					appl	icable	· ·				-				



Schedule I — Additions and/or Adjustments to Federal Taxable Income	
Interest excluded from federal taxable income (see instructions)	1.
Undistributed net long-term capital gains (see instructions)	2.
Net operating loss deduction (attach schedule)	3.
Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credits	12.
13. Renewable energy tax credits	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s.168(k), IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

Schedule II — Subtractions from Federal Taxable Income						
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$	1.					
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ (b) less direct and indirect expenses \$ Total	2.					
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV. 3. Florida net operating loss carryover deduction (see instructions)	3.					
4. Florida net capital loss carryover deduction (see instructions)	4.					
5. Florida excess charitable contribution carryover (see instructions)	5.					
6. Florida employee benefit plan contribution carryover (see instructions)	6.					
7. Nonbusiness income (from Schedule R, Line 3)	7.					
8. Eligible net income of an international banking facility (see instructions)	8.					
9. s.179, IRC, expense (see instructions)	9.					
10. s. 168(k), IRC, special bonus depreciation (see instructions)	10.					
11. Other subtractions (attach schedule)	11.					
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.					



Schedule III — App					ransport	ation services.				
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominate	HERE	(c) Col. (a) ÷ Co Rounded to Six Places	ol. (b) Decimal	If any factor i	(d) Weight n Column (b) is zero, ge 9 of the instructions.		(e) Weighted Factors Rounded to Six Decimal Places	
Property (Schedule III-B below)					X 25	% or			
2. Payroll	/						% or			
Sales (Schedule III-C below)							% or			
Apportionment fraction (Sum	of Lines 1, 2, and 3, Colu	ımn [e]). Enter here	and on	Schedule IV. Line	2.					
III-B For use in computing aver					FLORIDA	End of year	TO c. Beginning of		ERYWHERE d. End of year	
Inventories of raw material, was a second or second	ork in process, finished o	noods	и. Во	girining or your	- 5. 2	ind or your	o. Boginning of	you	d. Life of your	
Buildings and other deprecia		,								
3. Land owned										
Other tangible and intangible	(financial org. only) assets	(attach schedule)								
5. Total (Lines 1 through 4)	(manolar org. orny) accord	(uttaori coriodaio)								
6. Average value of property a. Add Line 5, Columns (a) ar b. Add Line 5, Columns (c) ar	nd (d) and divide by 2 (for	within Florida) total Everywhere)	6a				6b			
 Rented property (8 times net a. Rented property in Florida b. Rented property Everywhe 							7b			
Total (Lines 6 and 7). Enter or a. Enter Lines 6a. plus 7a. an Column (a) for total averag b. Enter Lines 6b. plus 7b. ar Column (b) for total averag	d also enter on Schedule le property in Florida nd also enter on Schedule	III-A, Line 1,	8a				8b			
III-C Sales Factor						TOTAL WITH	(a) HIN FLORIDA nerator)	Т	(b) OTAL EVERYWHERE (Denominator)	
Sales (gross receipts)						N	I/A			
2. Sales delivered or shipped to	Florida purchasers								N/A	
3. Other gross receipts (rents, re	oyalties, interest, etc. whe	en applicable)								
4. TOTAL SALES (Enter on Scho	edule III-A, Line 3, Columi	ns [a] and [b])								
III-D Special Apportionment Fra	ctions (see instructions)			(a) WITHIN FLOR	RIDA	(b) TOTAL E	VERYWHERE	(c) FL0 Rour	ORIDA Fraction ([a] ÷ [b]) nded to Six Decimal Places	
1. Insurance companies (attach	copy of Schedule T-Ann	ual Report)								
2. Transportation services										
			'			'				
Schedule IV — Cor	nputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income				
Apportionable adjusted fe	ederal income from Page	1, Line 6					1.			
Florida apportionment fra	ction (Schedule III-A, Line	e 4)					2.			
Tentative apportioned adj	usted federal income (mu	ultiply Line 1 by Line	e 2)				3.			
Net operating loss carryover apportioned to Florida (attach schedule; see instructions)					4.					
5. Net capital loss carryover	apportioned to Florida (a	attach schedule; se	e instruc	ctions)			5.			
Excess charitable contrib	ution carryover apportion	ed to Florida (attac	h sched	ule; see instructio	ns)		6.			
7. Employee benefit plan co	ntribution carryover appo	ortioned to Florida (a	attach s	chedule; see instr	uctions)		7.			
Total carryovers apportion	ned to Florida (add Lines	4 through 7)					8.	8.		
Adjusted federal income a	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)					9.				



V∕IVIL	I LIIV IAA	ADEL TEATTENDING
Sc	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.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida tax credit scholarship program credits (attach certificate)	12.
13.	Florida renewable energy technologies investment tax credit	13.
14.	Florida renewable energy production tax credit	14.
15.	New markets tax credit	15.
16.	Entertainment industry tax credit	16.
17.	Research and Development tax credit	17.
18.	Energy Economic Zone tax credit	18.
19.	Other credits (attach schedule)	19.
20.	Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.

Schedule R — Nonbusiness Income		
Line 1. Nonbusiness income (loss) allocate <u>Type</u>	d to Florida	<u>Amount</u>
Total allocated to Florida(Enter here and on Page 1, Line 8)		1
Line 2. Nonbusiness income (loss) allocate Type	d elsewhere State/country allocated to	<u>Amount</u>
Total allocated elsewhere		2
Line 3. Total nonbusiness income Grand total. Total of Lines 1 (Enter here and on Schedule	and 2	3



E	Stimated Tax Workshee	et For Taxable Years Begining	On or After January 1,			
1.	Florida exemption \$50,000 (M	axable yearlembers of a controlled group, see instru	uctions on Page 14 of			
3.		e (Line 1 less Line 2)			\$_	 _
1.	Total Estimated Florida tax (5	5.5% of Line 3)	\$			
	Less: Credits against the tax	·	\$	4.	\$_	_
ō.	Computation of installments:	:				
	Payment due dates and payment amounts:	If 6/30 year end, last day of 4th mont otherwise last day of 5th month - En	:h, ter 0.25 of Line 4 5a			
		Last day of 6th month - Enter 0.25 of	Line 4 5b.			
		Last day of 9th month - Enter 0.25 of				
		Last day of taxable year - Enter 0.25				
		Last day of taxable year - Enter 0.25	OI LINE 4 5d			
		nated tax should change during the year the amended amounts to be entered or				
1. 2.	Less:		1. §	\$		
		from last year elected for credit				
		I to date				
	• •	nated tax declaration (Florida Form F-1				
		(b)				
3.		Line 2(c))				
4.	Amount to be paid (Line 3 div	vided by number of remaining installment	ents) 4. 9	₿		

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at **floridarevenue.com/forms**.

Th	ne forms are available online at floridarevenue.com/forms	t.
Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.