

# Florida Corporate Income/Franchise Tax Return

F-1120  
R. 01/15

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15



Name  
Address  
City/State/ZIP

Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9    0 1 2 3 4 5 6 7 8 9

For calendar year **2014** or tax year  
beginning \_\_\_\_\_, **2014**  
ending \_\_\_\_\_  
Year end date \_\_\_\_\_

Check here if any changes have been made to name or address

**DOR use only**      /   /

Federal Employer Identification Number (FEIN)

### Computation of Florida Net Income Tax

|  |   | US Dollars |                      | Cents                |
|--|---|------------|----------------------|----------------------|
| 1. Federal taxable income (see instructions).<br><b>Attach pages 1-5 of federal return</b> .....                       | Check here if negative <input type="checkbox"/> | 1.         | <input type="text"/> | <input type="text"/> |
| 2. State income taxes deducted in computing federal taxable income (attach schedule) .....                             | Check here if negative <input type="checkbox"/> | 2.         | <input type="text"/> | <input type="text"/> |
| 3. Additions to federal taxable income (from Schedule I) .....   | Check here if negative <input type="checkbox"/> | 3.         | <input type="text"/> | <input type="text"/> |
| 4. Total of Lines 1, 2, and 3. ....  | Check here if negative <input type="checkbox"/> | 4.         | <input type="text"/> | <input type="text"/> |
| 5. Subtractions from federal taxable income (from Schedule II) .....   | Check here if negative <input type="checkbox"/> | 5.         | <input type="text"/> | <input type="text"/> |
| 6. Adjusted federal income (Line 4 minus Line 5) .....   | Check here if negative <input type="checkbox"/> | 6.         | <input type="text"/> | <input type="text"/> |
| 7. Florida portion of adjusted federal income (see instructions) .....   | Check here if negative <input type="checkbox"/> | 7.         | <input type="text"/> | <input type="text"/> |
| 8. Nonbusiness income allocated to Florida (from Schedule R) .....   | Check here if negative <input type="checkbox"/> | 8.         | <input type="text"/> | <input type="text"/> |
| 9. <b>Florida exemption</b> .....  |   | 9.         | <input type="text"/> | <input type="text"/> |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9) .....   |   | 10.        | <input type="text"/> | <input type="text"/> |
| 11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI) ..... |   | 11.        | <input type="text"/> | <input type="text"/> |
| 12. Credits against the tax (from Schedule V) .....  |   | 12.        | <input type="text"/> | <input type="text"/> |
| 13. Total corporate income/franchise tax due (Line 11 minus Line 12) .....   |   | 13.        | <input type="text"/> | <input type="text"/> |

### Payment Coupon for Florida Corporate Income Tax Return

**Do not detach coupon.**

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To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is due 1st day of the 4th month after close of the taxable year.

YEAR ENDING    M M D D Y Y

Check here if you transmitted funds electronically    
Enter name and address, if not pre-addressed:

Name  
Address  
City/St  
ZIP

|  | US DOLLARS           | CENTS                |
|--|----------------------|----------------------|
| Total amount due from Line 17                          | <input type="text"/> | <input type="text"/> |
| Total credit from Line 18                              | <input type="text"/> | <input type="text"/> |
| Total refund from Line 19                              | <input type="text"/> | <input type="text"/> |
| FEIN<br><small>Enter FEIN if not pre-addressed</small> | <input type="text"/> | <input type="text"/> |

# F-1120



14. a) Penalty: F-2220 \_\_\_\_\_ b) Other \_\_\_\_\_  
 c) Interest: F-2220 \_\_\_\_\_ d) Other \_\_\_\_\_ Line 14 Total ▶ 14.

15. Total of Lines 13 and 14 ..... 15.

16. Payment credits: Estimated tax payments 16a \$   
 Tentative tax payment 16b \$  ..... 16.

17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 ..... 17.

18. Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon ..... 18.

19. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon ..... 19.

**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                     |  |                      |  |                      |                      |
|---------------------|--|----------------------|--|----------------------|----------------------|
| Sign here           | Signature of officer (must be an original signature) |                      | Date   | Title                |                      |
|                     | <input type="text"/>                                 |                      | <input type="text"/>                                     | <input type="text"/> |                      |
| Paid preparers only | Preparer's signature                                 | Date                 | Preparer check if self-employed <input type="checkbox"/> | Preparer's PTIN      | <input type="text"/> |
|                     | <input type="text"/>                                 |                      | <input type="text"/>                                     | <input type="text"/> | <input type="text"/> |
|                     | Firm's name (or yours if self-employed) and address  | <input type="text"/> |  | FEIN                 | <input type="text"/> |
|                     | <input type="text"/>                                 |                      | <input type="text"/>                                     |                      | ZIP                  |

**All Taxpayers Must Answer Questions A Through M Below — See Instructions**

A. State of incorporation: \_\_\_\_\_

B. Florida Secretary of State document number: \_\_\_\_\_

C. Florida consolidated return? YES  NO

D.  Initial return  Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.)  General Rule  
 Election A  Election B

F. Principal Business Activity Code (as pertains to Florida)

G. A Florida extension of time was timely filed? YES  NO

H-1. Corporation is a member of a controlled group? YES  NO  If yes, attach list.

H-2. Part of a federal consolidated return? YES  NO  If yes, provide:  
 FEIN from federal consolidated return: \_\_\_\_\_  
 Name of corporation: \_\_\_\_\_

H-3. The federal common parent has sales, property, or payroll in Florida? YES  NO

I. Location of corporate books: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

J. Taxpayer is a member of a Florida partnership or joint venture? YES  NO

K. Enter date of latest IRS audit: \_\_\_\_\_  
 a) List years examined: \_\_\_\_\_

L. Contact person concerning this return: \_\_\_\_\_  
 a) Contact person telephone number: (\_\_\_\_\_) \_\_\_\_\_  
 b) Contact person email address: \_\_\_\_\_

M. Type of federal return filed  1120  1120S or \_\_\_\_\_

**Where to Send Payments and Returns**

Make check payable to and mail with return to:  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:  
Florida Department of Revenue  
PO Box 6440  
Tallahassee FL 32314-6440

**Remember:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



NAME

FEIN

TAXABLE YEAR ENDING

| <b>Schedule I – Additions and/or Adjustments to Federal Taxable Income</b>  | Column (a)<br>For page 1 | Column (b)<br>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.                                 |
| 6. 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.                                 |
| 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. New markets tax credit  | 14.                      | 14.                                |
| 15. Entertainment industry tax credit   | 15.                      | 15.                                |
| 16. Research and Development tax credit   | 16.                      | 16.                                |
| 17. Energy Economic Zone tax credit   | 17.                      | 17.                                |
| 18. Other additions (attach statement)  | 18.                      | 18.                                |
| 19. 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 Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3. | 19.                      | 19.                                |

| <b>Schedule II – Subtractions from Federal Taxable Income</b>  | Column (a)<br>For page 1 | Column (b)<br>For Schedule VI, AMT |
|--|--------------------------|------------------------------------|
| 1. Gross foreign source income less attributable expenses<br>(a) Enter s. 78, IRC income \$ _____<br>(b) plus s. 862, IRC dividends \$ _____<br>(c) less direct and indirect expenses \$ _____<br><b>Total</b> ▶                   | 1.                       | 1.                                 |
| 2. Gross subpart F income less attributable expenses<br>(a) Enter s. 951, IRC subpart F income \$ _____<br>(b) less direct and indirect expenses \$ _____<br><b>Total</b> ▶  | 2.                       | 2.                                 |
| <b>Note:</b> Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.   | 3.                       | 3.                                 |
| 3. Florida net operating loss carryover deduction (see instructions)   | 4.                       | 4.                                 |
| 4. Florida net capital loss carryover deduction (see instructions)   | 5.                       | 5.                                 |
| 5. Florida excess charitable contribution carryover (see instructions)   | 6.                       | 6.                                 |
| 6. Florida employee benefit plan contribution carryover (see instructions)   | 7.                       | 7.                                 |
| 7. Nonbusiness income (from Schedule R, Line 3)  | 8.                       | 8.                                 |
| 8. Eligible net income of an international banking facility (see instructions)   | 9.                       | 9.                                 |
| 9. s.179, IRC expense (see instructions)   | 10.                      | 10.                                |
| 10. s. 168(k), IRC special bonus depreciation (see instructions)   | 11.                      | 11.                                |
| 11. Other subtractions (attach statement)  | 12.                      | 12.                                |
| 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 |                          |                                    |



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### 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)<br>WITHIN FLORIDA<br>(Numerator) | (b)<br>TOTAL EVERYWHERE<br>(Denominator) | (c)<br>Col. (a) ÷ Col. (b)<br>Rounded to Six Decimal<br>Places | (d)<br>Weight<br>If any factor in Column (b) is zero,<br>see note on Page 9 of the instructions. | (e)<br>Weighted Factors<br>Rounded to Six Decimal<br>Places |
|--|--------------------------------------|--|--|--|---|
| 1. Property (Schedule III-B below)   |                                      |  |  | X 25% or _____   |   |
| 2. Payroll   |                                      |  |  | X 25% or _____   |   |
| 3. Sales (Schedule III-C below)  |                                      |  |  | X 50% or _____   |   |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2. |                                      |  |  |  |   |

**III-B For use in computing average value of property (use original cost).**

|  | WITHIN FLORIDA       |                | TOTAL EVERYWHERE     |                |
|--|----------------------|----------------|----------------------|----------------|
|  | a. Beginning of year | b. End of year | c. Beginning of year | d. End of year |
| 1. Inventories of raw material, work in process, finished goods  |                      |                |                      |                |
| 2. Buildings and other depreciable assets  |                      |                |                      |                |
| 3. Land owned  |                      |                |                      |                |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule)  |                      |                |                      |                |
| 5. Total (Lines 1 through 4)   |                      |                |                      |                |
| 6. Average value of property   |                      |                |                      |                |
| a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a. _____  |                      |                |                      |                |
| b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b. _____   |                      |                |                      |                |
| 7. Rented property (8 times net annual rent)   |                      |                |                      |                |
| a. Rented property in Florida..... 7a. _____   |                      |                |                      |                |
| b. Rented property Everywhere ..... 7b. _____  |                      |                |                      |                |
| 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).  |                      |                |                      |                |
| a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1,<br>Column (a) for total average property in Florida..... 8a. _____ |                      |                |                      |                |
| b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1,<br>Column (b) for total average property Everywhere..... 8b. _____ |                      |                |                      |                |

**III-C Sales Factor**

|  | (a)<br>TOTAL WITHIN FLORIDA<br>(Numerator) | (b)<br>TOTAL EVERYWHERE<br>(Denominator) |
|--|--|--|
| 1. Sales (gross receipts)  | 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 Schedule III-A, Line 3, Columns [a] and [b])      |  |  |

**III-D Special Apportionment Fractions (see instructions)**

|  | (a) WITHIN FLORIDA | (b) TOTAL EVERYWHERE | (c) FLORIDA Fraction ((a) ÷ (b))<br>Rounded to Six Decimal Places |
|--|--------------------|----------------------|---|
| 1. Insurance companies (attach copy of Schedule T–Annual Report) |                    |                      |   |
| 2. Transportation services                                       |                    |                      |   |

### Schedule IV – Computation of Florida Portion of Adjusted Federal Income

|  | Column (a)<br>Adjusted<br>Federal Income | Column (b)<br>Adjusted<br>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.                                   |



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**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 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. | State housing tax credit (attach certification letter)   | 12. |
| 13. | Credit for contributions to nonprofit scholarship-funding organizations (attach certificate)   | 13. |
| 14. | Florida renewable energy technologies investment tax credit  | 14. |
| 15. | Florida renewable energy production tax credit   | 15. |
| 16. | New markets tax credit   | 16. |
| 17. | Entertainment industry tax credit  | 17. |
| 18. | Research and Development tax credit  | 18. |
| 19. | Energy Economic Zone 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).<br>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.  |
| 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. |



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**Schedule R — Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

Type

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total allocated to Florida .....  
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

1. \_\_\_\_\_

**Line 2. Nonbusiness income (loss) allocated elsewhere**

Type

State/country allocated to

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total allocated elsewhere .....

2. \_\_\_\_\_

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....  
(Enter here and on Schedule II, Line 7)

3. \_\_\_\_\_

**Estimated Tax Worksheet**  
**For Taxable Years Beginning On or After January 1, 2015**

- 1. Florida income expected in taxable year ..... 1. \$ \_\_\_\_\_
- 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... 2. \$ \_\_\_\_\_
- 3. Estimated Florida net income (Line 1 less Line 2) ..... 3. \$ \_\_\_\_\_
- 4. Total Estimated Florida tax (5.5% of Line 3)\* ..... \$ \_\_\_\_\_
- Less: Credits against the tax ..... \$ \_\_\_\_\_ 4. \$ \_\_\_\_\_

\* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

- Payment due dates and payment amounts:
  - Last day of 4<sup>th</sup> month - Enter 0.25 of Line 4..... 5a. \_\_\_\_\_
  - Last day of 6<sup>th</sup> month - Enter 0.25 of Line 4 ..... 5b. \_\_\_\_\_
  - Last day of 9<sup>th</sup> month - Enter 0.25 of Line 4..... 5c. \_\_\_\_\_
  - Last day of taxable year - Enter 0.25 of Line 4 ..... 5d. \_\_\_\_\_

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- 1. Amended estimated tax ..... 1. \$ \_\_\_\_\_
- 2. Less:
  - (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date ..... 2a. - \$ \_\_\_\_\_
  - (b) Payments made on estimated tax declaration (Florida Form F-1120ES).... 2b. - \$ \_\_\_\_\_
  - (c) Total of Lines 2(a) and 2(b) ..... 2c. \$ \_\_\_\_\_
- 3. Unpaid balance (Line 1 less Line 2(c)) ..... 3. \$ \_\_\_\_\_
- 4. Amount to be paid (Line 3 divided by number of remaining installments) ..... 4. \$ \_\_\_\_\_