Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/17

Rule 12C-1.051 Florida Administrative Code

				Name Addre City/S	ess	/ZIP							Effec	ctive (01/17
0	Use black ink. Example A - Handwritten Example B - Typed 1 2 3 4 5 6 7 8 9 0123456789 beginning ending		x year				here if or addr		chanç	ges ha	ave be	en ma	de to		٦
	Year end date					OR us	se [, [7			
Fe	deral Employer Identification Number (FEIN)					only				/		/			
1.	Computation of Florida Net Income Tax Federal taxable income (see instructions).		Ⅱ				-US Do	ollars	s —					Cei	nts
	Attach pages 1–5 of federal return fine	ck here gative	1.												
2.	State income taxes deducted in computing federal taxable income Chec (attach schedule)	ck here	2.												
3.	Additions to federal taxable income (from Schedule I) Chec	ck here egative	3.							Ĺ			. [
4.	Total of Lines 1, 2, and 3 Chec if ne	ck here gative	4.							,			. [
5.	Subtractions from federal taxable income (from Schedule II) if ne	ck here egative	5.	_ ,			_,_			<u> </u>			. [_	
6.	Adjusted federal income (Line 4 minus Line 5) free	gative	6.				_,			<u>, </u>			•		
7.	Florida portion of adjusted federal income (see instructions)	Chec if neg		7.						<u> </u>					
8.	Nonbusiness income allocated to Florida (from Schedule R)	if neg	here ative	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 or amount from Schedule VI, whichever is gre (see instructions for Schedule VI)			11.			T			ĺ					
12.	Credits against the tax (from Schedule V)			12.									_ [
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			13			_ " _]]		\Box	• [
-	Payment Coupon for Florida Corporate Income To ensure proper credit to your account, er YEAR ENDING M M D D Y Y If 6/30 year end, return to therwise return is of the company of the co	nclose u <mark>rn is d</mark>	your d u <mark>e 1s</mark> t	check v	with f the	tax r 4th n	nonth	whe	- en m r the	nailin clos	se of		R axab	l. 01	120 I/17 ear,
		Total	om ou in	t dua	H		US	DOL	LARS		1			CEN	NTS
	Enter name and address, if not pre-addressed:		amoun m Line							<u> </u>					
			tal cred m Line],					
	Name Address		tal refu m Line],			. [
	City/St ZIP	Enter FEII	FEIN I if not pre-a	addressed											
	I	F	_	1	1		2(Γ	



14.	a) Penalty: F-2220	b) Other								1 —						1 —
	c) Interest: F-2220	d) Other	Line	e 14 Total	1 4.									_		
									-	, —,			\equiv	-		1 -
15.	Total of Lines 13 and 14				15.									_		
16.	Payment credits: Estimate	ed tax payments 16a	\$						1 -	,		\Box		-		
	Tentative	e tax payment 16b	\$		16.											
17.	Total amount due: Subtract	Line 16 from Line 15.	f positive, enter amount					7			,			-		
	due here and on payment of															
	enter on Line 18 and/or Lin				17.			ارا		راسا ا						
18.	Credit: Enter amount of over		•													
	here and on payment coup	on			18.			_		راسا ا				•		i L
19.	Refund: Enter amount of o	overpayment to be refu	unded here and on payme	ent coupo	n 19.			ارا		راسا ا				•		i
			red incomplete unless a													
	If your return is not sig		I and verified, it will be subject gned and verified. Your return					ns will	not st	art unti	l your	retur	'n			
	Under penalties of pe		mined this return, including accor		· ·		-	o the be	st of m	/ knowle	edge aı	nd be	lief. it is	true.	correc	ct.
			axpayer) is based on all information							,	9		,	,		,
Sign he	re				Title											
Oigii iio	Signature of officer (must	be an original signature)	Date		Titio											
	Preparer's				Preparer		Prepare PTIN	er's				$\overline{}$				$\overline{}$
Paid	signature		Date		check if self- employed		PIIN									
prepare only												+	+			+
Offig	Firm's name (or yours if self-employed)				FEIN							\perp				\perp
	and address				ZIP											
		All Taxpayers Must	Answer Questions A Th	nrough N	l Below	– Se	e Instr	uctior	าร							
A. S	State of incorporation:			H-2. Part of	a federal co	nsolidate	ed return?	YES	□ №	☐ If y	yes, pro	ovide:				
B. F	Florida Secretary of State document	number:		FEIN fro	om federal c	onsolida	ted return	n:								
C. F	Florida consolidated return?	res 🔲 no 🔲		Name o	of corporatio	n:										
	Initial return 🔲 Final return (fin			H-3. The fed	leral commo	n parent	has sales	, propert	y, or pa	yroll in l	Florida	? YE S	s 🔲 ı	NO [
E. 1	Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.)	General Rule I.	. Locatio	n of corpora	te books	3:									
Į	☐ Election A ☐ Election B			City: _						State: _			_ ZIP:			
F. F	Principal Business Activity Code (as p	pertains to Florida)	J	I. Taxpay	er is a memb	oer of a F	lorida pa	rtnership	or joir	t ventur	e? YE	s 🗖	NO [
			к	K. Enter d	ate of latest	IRS aud	it:		-							
L	A Florida extension of time was timely	. Elio yeo D yo D		a) List y	ears examir	ned:										
_	A Florida extension of time was timely Corporation is a member of a controll		L	Contac	t person cor	ncerning	this retur	n:								
H-1. (Corporation is a member of a control	led group? YES W NO W	ii yes, attacri iist.	a) Cont	act person t	elephone	e number	:()							
					tact person e											
			N	И. Type of	federal retu	rn filed	1120	1120)S or _							
wner	e to Send Paymer	nts and Return	IS	Re	emen	he	r:									
	neck payable to and mail				,,,,,		•									
	orida Department of Rev	enue		\checkmark	Make	you	r che	ck pa	ayab	le to	the	;				
	050 W Tennessee Street	г			Floric	da De	partr	nent	of F	evei	nue.					
18	ıllahassee FL 32399-013	5			347.21											
If you ar	e requesting a refund (L	ine 19), send your re	eturn to:	√	Write	you	FEIN	on	your	cne	CK.					
	orida Department of Rev	enue		✓	Sign	vour	chec	k and	d ret	urn.						
	O Box 6440	_		•	9	, - •										
Та	ıllahassee FL 32314-644	0														
				√	Attac	h a c	ору с	of you	ur fe	dera	ıl ret	turr	١.			
								_								
				\checkmark	Attac	n a c	ору с	ot you	ur Fl	orida	a					

Form F-7004 (extension of time) if

applicable.



	. =		
Schedule I – Addit	ions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
Interest excluded from fe	deral taxable income (see instructions)	1.	1.
2. Undistributed net long-te	rm capital gains (see instructions)	2.	2.
3. Net operating loss deduc	tion (attach schedule)	3.	3.
4. Net capital loss carryover	r (attach schedule)	4.	4.
5. Excess charitable contrib	oution carryover (attach schedule)	5.	5.
6. Employee benefit plan co	ontribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs cred	lit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowab	ole as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association ass	essment(s) credit	9.	9.
10. Rural and/or urban high o	rime area job tax credits	10.	10.
11. State housing tax credit		11.	11.
12. Credit for contributions to	o nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax cre	edits	13.	13.
14. New markets tax credit		14.	14.
15. Entertainment industry ta	x credit	15.	15.
16. Credits for spaceflight pro	ojects	16.	16.
17. Research and Developme	ent tax credit	17.	17.
18. Energy Economic Zone to	ax credit	18.	18.
19. s.168(k), IRC special bond	us depreciation	19.	19.
20. Other additions (attach so	chedule)	20.	20.
	n Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also ent a Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	tered on 21.	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.
2. 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. 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.
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 schedule)	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.



5	Schedule III – Appo	ortionment of Ad	djusted Fed	leral	Income						
III-/	II-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) Col. (a) ÷ Co Rounded to Six I Places	` '		(d) (e) Weight Weighted Factor in Column (b) is zero, see note on Page 9 of the instructions. (e) Weighted Factor Rounded to Six E			
1.	Property (Schedule III-B below)						X 25	5% or			
2.	Payroll						X 25	5% or			
3.	Sales (Schedule III-C below)						X 50)% or			
4.	Apportionment fraction (Sum	of Lines 1, 2, and 3, Colur	mn [e]). Enter here	and on	Schedule IV, Line	2.					
	3 For use in computing avera	nge value of property (us	e original cost)		WITHIN F	LORIDA		TO	TAL EVE	RYWHERE	
	o Tor use in companing avera	ige value of property (us	e original costy.	a. Be	ginning of year	b. E	End of year	c. Beginning of	year d. End of year		
1.	Inventories of raw material, wo	ork in process, finished go	oods								
2.	Buildings and other depreciab	le assets									
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. Add Line 5, Columns (c) and							6b			
7.	Rented property (8 times net a a. Rented property in Florida b. Rented property Everywher	,						7b			
8.	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, Column (a) for total average property in Florida										
III-0	C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	ТС	(b) DTAL EVERYWHERE (Denominator)	
1.	Sales (gross receipts)						1	N/A			
Sales delivered or shipped to Florida purchasers N/A				N/A							
3.	Other gross receipts (rents, ro	yalties, interest, etc. wher	applicable)								
4.	TOTAL SALES (Enter on Sche	dule III-A, Line 3, Column	s [a] and [b])								
111-1	O Special Apportionment Frac	etions (see instructions)			(a) WITHIN FLOR	RIDA	(b) TOTAL E	EVERYWHERE		DRIDA Fraction ([a] ÷ [b]) ded to Six Decimal Places	
1.	Insurance companies (attach	copy of Schedule T-Annu	al Report)								
2.	Transportation services										

S	chedule IV — Computation of Florida Portion of Adjusted Federal I	ncome	
		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.

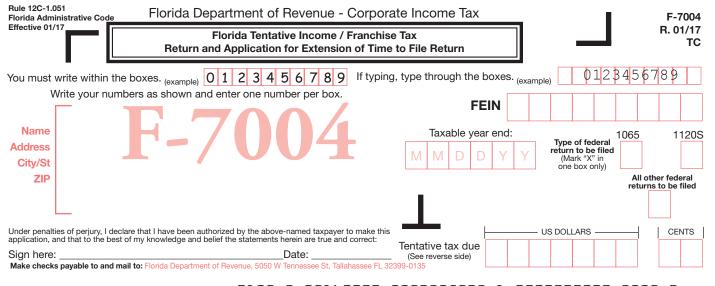


So	chedule V — Credits Against the Corporate Income/Franchise Tax	
1.	Florida health maintenance organization credit (attach assessment notice)	1.
2.	Capital investment tax credit (attach certification letter)	2.
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4.	Community contribution 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.	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.	Credits for spaceflight projects	18.
19.	Research and Development tax credit	19.
20.	Energy Economic Zone tax credit	20.
21.	Other credits (attach schedule)	21.
22.	Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Sc	chedule 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.



	Туре	loss) allocated to Florida	<u>Amount</u>
		 a	1
		e 1, Line 8 or Schedule VI, Line 8 for AMT)	
	<u>Туре</u>	loss) allocated elsewhere State/country allocated to	<u>Amount</u>
		~e	
Line 3.	Total nonbusiness inco Grand total. Total of Lin- (Enter here and on Sche	es 1 and 2	3.
	F.	Estimated Tax Worksheet	anuoni 1
		r Taxable Years Beginning On or After Ja	
1. 2.	Florida exemption \$50,000 (n taxable year Members of a controlled group, see instructions on Page 1	4 of
3.		me (Line 1 less Line 2)	
4.	Less: Credits against the ta * Taxpayers subject to federal alte	(5.5% of Line 3)* \$s ax	4. \$
5.	Computation of installment	es:	
	Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4	5a
		Last day of 6th month - Enter 0.25 of Line 4	
		Last day of 9 th month - Enter 0.25 of Line 4	
		Last day of taxable year - Enter 0.25 of Line 4	5d
		mated tax should change during the year, you may use the the amended amounts to be entered on the declaration	
1. 2.	Amended estimated tax Less:		1. \$
		nt from last year elected for credit	
		ed to date	
		timated tax declaration (Florida Form F-1120ES)2b \$ 2(b)	
3.		s Line 2(c))	



Information for Filing Florida Form F-7004

F	-700	4
R.	01/1	7

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.floridarevenue.com

Penalties —If you are required to pay tax with this application, failure to pay all taxes due will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty 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: an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

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

١.	If applicable,	state the	reason you	need the	extension:
----	----------------	-----------	------------	----------	------------

В.	Type of federal return filed:
	Contact person for questions:
	Telephone number: ()
	Contact person email address:

Extension of Time Request	Florida Income/ Franchise Tax Due
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.