

Amended Florida Corporate Income/Franchise Tax Return

F-1120X R. 01/16

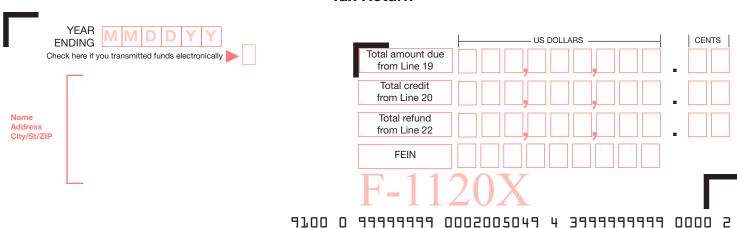
Rule 12C-1.051 Florida Administrative Code Effective 01/16



Name Formerly known as (if applicable) Address City/State/ZIP	Reason for amended return: Amended federal return (attach copy) IRS audit adjustment (attach copy) Date of Revenue Agent Report (RAR) Other adjustment Type of return being amended: F-1120 F-1120A F-1120X	Use black ink. Example A - Handwritten Example B - Typed 0 1 2 3 4 5 6 7 8 9									
Part I Fill in applicable items and use Part II to explain any changes. 1. Federal taxable income	A. s originally reported or as adjusted	B. Correct amount (Attach amended schedules)									
State income taxes deducted in computing federal taxable income											
3. Additions to federal taxable income	,,,,										
4. Total of Lines 1 through 3											
Subtractions from federal taxable income											
6. Adjusted federal income (Line 4 minus Line 5)											
7. Florida portion of adjusted federal income											
Nonbusiness income allocated to Florida											
9. Florida exemption $F-1120X$											
10. Florida net income (Line 7 plus Line 8 minus Line 9)											
		(Continued on reverse side)									

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Florida Department of Revenue Amended Florida Corporate Income/Franchise Tax Return





		origin	ally re		B. Correct amount (Attach amended schedules)																		
11. Ta	ax due Check here if	paying FL AMT																					
12. C	credits against the tax					,],		, _[Ĺ					
13. To	otal corporate income/f	ranchise tax due				, [, [
	enalty and interest	220 and/or schedule)				, [,[□,								
15. To	otal of Lines 13 and 14	,				, [,							□,][].		
c)	Tax paid with or after	return				paym					1	_ Total	>										
17. a) if) Credit any shown on last retu	rn, or as later adjusted	b)	Ref	fund _						7	_ Total	>										
18. To	otal payments (Line 16	minus Line 17)																					
19. To	otal amount due or over	rpayment (Line 15 minus	Line	18).	Enter	on pa	aymei	nt coi	upon,	also								ĺ					
20. C	redit: Enter amount of o	overpayment credited to _		es	stimate	ed tax	here	and o	on pa	ymer	nt co	upon.						Ĭ					
	 20. Credit: Enter amount of overpayment credited to estimated tax here and on payment coupon. 21. Offset: Enter amount of overpayment to be offset. 												_,_ [
22. R	lefund: Enter amount of	overpayment to be refur	nded	here	e and	on pa	ymen	t cou	pon.									jį					
Cor	ntact person:						Tel	eph	one	nun	nbe	er: (_		_) _								_	
Par exp	t II — Explanationedite processing,	I address: of changes to ince please indicate if to n (audit) number.	om	e, d	educ	ction	s, cı	redit	ts, e	tc. A	٩tta	ich s	epar	ate	she	et							J
		perjury, I declare that I have exam laration of preparer (other than ta												the bes	st of m	ny kno	owled	dge ar	ıd bel	ief, it	is true	, corr	ect,
Sign here	Signature of officer (mus	t be an original signature)				Date			Ti	tle													
Paid preparer	Preparer's signature					Date				arer k if sel loyed	lf-	le le	reparer' dentifica lumber (tion					Ī	$\overline{\perp}$	T		
only	Firm's name (or yours if self-employed) and address								FE														

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

A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.