

Declaration/Installment of Florida Estimated Income/Franchise Tax

Installment # _____

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
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 If typing, type through the boxes. (example)

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

Write your numbers as shown and enter one number per box.

Name
Address
City/St
ZIP

F-1120ES

FEIN

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Taxable year end

M	M	D	D	Y	Y
---	---	---	---	---	---

Estimated tax payment
(See reverse side)

US DOLLARS

--	--	--	--	--	--	--	--	--	--

 CENTS

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Office use only

M	M	D	D	Y	Y
---	---	---	---	---	---

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135

9100 0 20179999 0002005033 5 3999999999 0000 2

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Information for Filing Florida Form F-1120ES

F-1120ES
R. 01/17

- 1. 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** — Generally, for a 6/30 tax year end, 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 tax year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) 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: (_____) _____

Contact person email address: _____

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.

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