# Florida Corporate Income/Franchise and Emergency Excise Tax Return

					Name Addre City/\$		ZIP						FIGH	ia Aum		tive (	
	Use black ink. Example A - Handwritten Example B - Typed For calendar yea beginning							ck hei e or a		-	nanges	s hav	e bee	n mad	le to		٦
	ending Year end dat					_								1			-
	Federal Employer Identification Number (FEIN)			)	L		OR ı only				/			/			
	Computation of Florida Net Income and Emergency Exci	ise lax						-US	6 Dol	lars				_		Cer	nts
1.	Federal taxable income (see instructions).         Attach pages 1–5 of federal return	Check here if negative		1.													
2.	State income taxes deducted in computing federal taxable income	Check here						,							• L		
		if negative		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		4.													
5.	Subtractions from federal taxable income (from Schedule II)	Check here if negative		5.				$\Box$ ,			Ĺ				. [		
6.	Adjusted federal income (Line 4 minus Line 5)	Check here		6.											_ [		
		с	heck h												- [		
7.	Florida portion of adjusted federal income (see instructions)				7.			Ц,							• [		
8.	Nonbusiness income allocated to Florida (from Schedule R)		heck h f negat		8.			∟,			L,				•		
9.	Florida exemption				. 9.										-		
	Florida net income (Line 7 plus Line 8 minus Line 9) Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is gr				. 10.			_,							•		
	(see instructions for Schedule VI)				. 11.			∟,							-		
12.	Credits against the tax (from Schedule V)				. 12.										.		
	Emergency excise tax due (from Schedule A)						_	<b>,</b>							- L		
	(Note: Repealed effective for tax years ending in 2012)				. 13.			∟,			LJ,				-		
14.	Total corporate income/franchise and emergency excise tax due (see	instructi	ons).		. 14.			_,							•		
	Payment Coupon for Florida Corporate Income Ta	ax Ret	urn			D	o n	ot d	eta	ch c	oup	on.				F-1 <sup>.</sup>	
Г	To ensure proper credit to your account,	enclos	e yo	ur che	eck v	vith t	ax ı	retur	m w	hen	mail	ling.			R	. 01	/12
	YEAR M M D D Y Y Return is d	lue 1st	day	of the	4th	mon	th a	fter	clos	se of	the	taxa	ble	year.			
								<u> </u>	JS DO	LLARS	3 —			_	c	ENTS	;
	Check here if you transmitted funds electronically			ount due ine 18	)												
	Enter name and address, if not pre-addressed:		Total o	redit ne 19				Ń			ſΓ						7
	Name	Т	otal re	efund ne 20				╶┉			<b>y</b> 			•			
	Address City/St/ZIP		FE		ed			<b>y</b> [							L	[	
		F		1	1		2							-		Г	



15	. a) Pena	alty: F-2220	b) Other								] [	1			]		
	c) Inter	est: F-2220	d) Other		Line 15	Total ► 15.											
											] [	í –			]		
		f Lines 14 and 15				16.						Jy					
17	. Payme	nt credits: Estimated tax	payments 17a	\$							] [	1			]		
			payment 17b			17.						Jy			•		
18		mount due: Subtract Line									ı ——	I	ı — – – 1		1		
		re and on payment coupo n Line 19 and/or Line 20 .				18											
19		Enter amount of overpa							<b>7</b>			1					
		nd on payment coupon	•			19.											
											] [	í –			]		
20	. Refund	I: Enter amount of overp	ayment to be <mark>refu</mark>	nded here and on pay	yment co	oupon 20.						J					
		This r	eturn is conside	red incomplete unles	ss a cop	v of the federa	al retu	rn is	attacl	ned.		-					
		t signed, or improperly signe									is pr	operly	signe	d an	d verit	fied. Yo	our
return n	nust be cor	npleted in its entirety.	declare that I have exa	mined this return, including a	accompanyi	ng schedules and s	tatemen	ts and	to the h	est of m	/ knov	vledae	and he	lief it	is true	correc	+
				axpayer) is based on all inform							, 11101	neuge		101, 10	10 11 10	, 001100	<i>,</i> ,
Sign h	ere					Title											
oigitt		Signature of officer (must be an o	original signature)	Date													
	Pres	parer's				Preparer check if self-		Prepa PTIN									
Paid	sign	nature		Date		employed											
prepa only		n's name (or yours				FEIN											
	if se	address				ZIP											
	and																
		All Ta	axpayers Must A	Answer Questions A	A Throug	gh <b>M</b> Below -	– See	e Insi	tructio	ns							
Α.	State of inc	corporation:			H-2.	Part of a federal co	onsolidat	ed retu	urn? YES			If ves.	orovide	:			
В.	Florida Sec	cretary of State document number	r:			FEIN from federal of											
C.	Florida con	solidated return? YES	NO 🖵			Name of corporatio											
D.		eturn 🔲 Final return (final feder	·		H-3.	The federal commo	n parent	has sa	ales, prop	erty, or p	oayroll	in Flor	da? YI	es 🗆	) NO		
E.		lection section (s.) 220.03(5), Flor	ida Statutes (F.S.) 🖵 🤇	ieneral Rule	I.	Location of corpora	ate book	(S:									
		n A 🖵 Election B		_		City:					_State	e:		Z	P:		
F.	Principal Bu	usiness Activity Code (as pertains	s to Florida)		J.	Taxpayer is a mem	ber of a	Florida	a partners	ship or ja	int ver	nture?	YES [				
					К.	Enter date of latest	IRS auc	dit:									
G.	A Florida ex	xtension of time was timely filed?	YES 🗋 NO 📮			a) List years examin											
H-1.	Corporation	n is a member of a controlled gro	up? YES 🗋 NO 🗋	if yes, attach list.	L.	Contact person con	0	•									
						a) Contact person t	•			/							
					M.	Type of federal retu	Irn filed	<b>_</b> 112	20 🖵 11	20S or _							
W/bo	ra ta S	Sand Dovimanta	and Daturn	•		Dama											
		Send Payments		5		Remem	ber										
		ayable to and mail with repartment of Revenue				<ul> <li>Make</li> </ul>	vour	<sup>,</sup> che	eck p	avab	le t	o th	e Flo	orid	а		
		Fennessee Street	7			Depar	-		-	-		-	-				
		see FL 32399-0135				-											
<b>I4</b>			0)	t		Vite Write	your	FEI	N on	your	ch	eck.					
		esting a <b>refund</b> (Line 2 epartment of Revenue		turn to:		<ul> <li>Sign y</li> </ul>	our	che	ck an	d ret	urn						
	i ulua D	epartment of neveriue	,		1	- <u>-</u>						-					
1		5440															
	PO Box 6	6440 see FL 32314-6440															
	PO Box 6																

Attach a copy of your Florida Form F-7004 V (extension of time) if applicable.

F-1120 R. 01/12 Page 2

NAME	FEIN TAXABLE YEA	AR ENDING
Sc	chedule A — Computation of Emergency Excise Tax (repealed effective for tax years endin	ıg in 2012)
1.	Total depreciation expense deducted on federal Form 1120	1.
2.	Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3.	Loss carry forward (Enter the loss as a positive number)	3.
4.	Subtract Line 3 from Line 2 and enter result here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.
5.	Depreciation deducted pursuant to Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6.	Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7.	All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8.	Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.
9.	Multiply Line 8 by .40 (40%) and enter result here	9.
10.	Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
11.	Multiply Line 9 by Line 10 and enter result here	11.
12.	Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.
13.	Add Lines 11 and 12 and enter result here	13.
14.	Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15.	The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.
16.	Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.
17.	Multiply Line 16 by 2.5 (not 2.5 %) and enter result here. Note: If Line 16 shows a loss, enter 0	17.
18.	Total tax due (2.2% of Line 17)	18.
19.	(a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ➤	19.
20.	Balance of tax due (enter on Page 1, Line 13)	20.

Schedule I — Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AM
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 (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (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. s.179, IRC expense above \$128,000	14.	14.
15. s.168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
<ol> <li>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 the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.</li> </ol>	19.	19.

NAME	FEIN		TAXABLE YEAR ENI	DING
So	chedule 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 \$ Tree to the second	otal ►	1.	1.
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ (b) less direct and indirect expenses \$ To Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.	otal ≻	2.	2.
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.
8.	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 statement)		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 the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5	I	12.	12.

## 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) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominato		(C) ERE Col. (a) ÷ Col. (b) Rounded to Six Decimal Places		(d) Weight If any factor in Column (b) is zer see note on Page 10 of the instruct			(e) Weighted Factors Rounded to Six Decimal Places	
1. Property (Schedule III-B below)				1 10005			5% or		14000	
2. Payroll							5% or			
3. Sales (Schedule III-C below)							0% or			
4. Apportionment fraction [Sum of	of Lines 1. 2. and 3. Colu	mn (e)]. Enter here	and on S	Schedule IV. Line	2.					
PPT 1 PT	,,,,	(-/1		WITHIN			то			
III-B For use in computing avera	ge value of property (us	se original cost).	a. Bec	ginning of year	-	End of year	c. Beginning of			
1. Inventories of raw material, we	ork in process, finished g	oods		<u> </u>				,		
2. Buildings and other depreciab										
3. Land owned										
4. Other tangible and intangible (f	financial org. only) assets	(attach schedule)								
5. Total (Lines 1 through 4)	<b>.</b>	× ,								
	6. Average value of property a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)6a									
7. Rented property (8 times net annual rent) a. Rented property in Florida										
a. Enter Lines 6 a. plus 7 a. an Column (a) for total average b. Enter Lines 6 b. plus 7 b. ar	<ul> <li>8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).</li> <li>a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida</li></ul>									
III-C Sales Factor						-	(a) THIN FLORIDA merator)	тс	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)						1	N/A			
2. Sales delivered or shipped to	Florida purchasers								N/A	
3. Other gross receipts (rents, ro	yalties, interest, etc. whe	n applicable)								
4. TOTAL SALES [Enter on Sche	dule III-A, Line 3, Columr	ns (a) and (b)]								
III-D Special Apportionment Frac	ctions (see instructions)			(a) WITHIN FLORIDA		(b) TOTAL EVERYWHERE			RIDA Fraction [(a) $\div$ (b)] ded to Six Decimal Places	
1. Insurance companies (attach o	copy of Schedule T–Ann	ual Report)								
2. Transportation services										

#### FEIN

#### TAXABLE YEAR ENDING

9.

10.

11.

So	Schedule IV — Computation of Florida Portion of Adjusted Federal Income								
		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.						

S	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 Form F-1156Z attached)	3.				
4.	Community contribution tax credit (attach certification letter)	4.				
5.	Enterprise zone property tax credit (from 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.	Child care tax credits (attach certification letter)	12.				
13.	13. State housing tax credit (attach certification letter)       13.					
14.	14.       Credit for contributions to nonprofit scholarship funding organizations (attach certificate)       14.					
15.	15.       Florida renewable energy technologies investment tax credit       15.					
16.	6. Florida renewable energy production tax credit     16.					
17.	New markets tax credit	17.				
18.	Entertainment industry tax credit	18.				
19.	Jobs for the unemployed 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). 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.				

11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11

Florida net income (Line 7 plus Line 8 minus Line 9)

9.

10.

Florida exemption

NAME		FEIN	TAXA	BLE YEAR ENDING
Sche	edule R — Nonbusiness Incom	e		
	Nonbusiness income (loss) alloo <u>Type</u>	cated to Florida		<u>Amount</u>
	(Enter here and on Page 1, Line 8	or Schedule VI, Line 8 for AMT)		
Line 2.	Nonbusiness income (loss) alloo <u>Type</u>	State/country allocated to		<u>Amount</u>
	Total allocated elsewhere		2	
Line 3.	<b>Total nonbusiness income</b> Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II, Lin		3	
		Estimated Tax Worksheet e Years Beginning On or After Janua		
1.		ar		
2.		of a controlled group, see instructions on Page 15 of		
3.	Estimated Florida net Income (Line 1)	ess Line 2)		3. \$
4.	<ul> <li>Less: Credits against the tax</li> <li>* Taxpayers subject to federal alternative minimum inimum tax at 3.3% and enter the greater of the second s</li></ul>			4. \$
5.	Computation of installments:			
	payment amounts: L	ast day of 4 <sup>th</sup> month - Enter 0.25 of Line 4 ast day of 6 <sup>th</sup> month - Enter 0.25 of Line 4 ast day of 9 <sup>th</sup> month - Enter 0.25 of Line 4 ast day of fiscal year - Enter 0.25 of Line 4		5b 5c
	-	ange during the year, you may use the amended co ounts to be entered on the declaration (Form F-1120	-	
1. 2.	Less: (a) Amount of overpayment from last			1. \$
		2a. — \$		
		declaration (F-1120ES) 2b. — \$		00 ¢
2				
3. 4.		number of remaining installments)		
т.	, another to be paid (Line o divided by i			·· Ψ

<ul> <li>Change of Address or Business Name</li> <li>Complete this form, sign it, and mail it to the Department if:</li> <li>The address below is not correct.</li> <li>The business location changes.</li> <li>Data Comporation name changes.</li> </ul> Ali to: Borda Department of Revenue So W Tennessee St Calabasee FL 32399-0100 Calabase FL 32399-0100	CHANGE IN New Location Address	FEIN of entity –   Business location   City   State   ZIP   Business telephone ()   County   In care of    Mailing address   City   State   ZIP   Owner's telephone () County
	Business Name New	DBA
Signature of Officer (Required) Date	Corporation Name	n
8500 O 507788	99 00	02005999 7 3999999999 0000 2
Rule 12C-1.051         Florida Department of Revenue - C           Florida Administrative Code         Florida Tentative Income / Franchise an           Effective 01/12         Return and Application for Extension	d Emerge	ncy Excise Tax R. 01/12
You must write within the boxes. (example)	lf typing,	type through the boxes. (example)
Write your numbers as shown and enter one number per box.		FEIN
Name Address City/St/ZIP		Taxable year end:     Corporation     Partnership       M     D     D     Y     Y     FILING STATUS (Mark "X" in one box only)     D

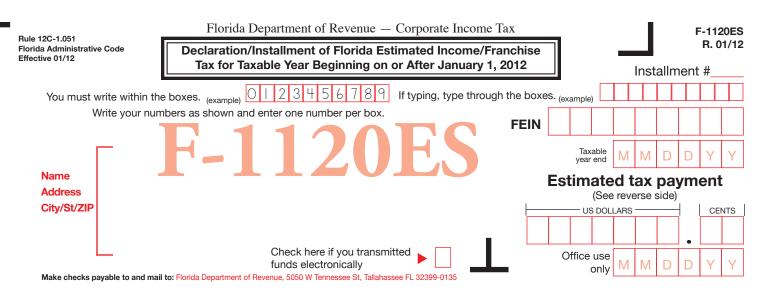
Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:
Sign here:\_\_\_\_\_\_Date:\_\_\_\_\_\_

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

## 9200 0 20119999 0002005030 5 3999999999 0000 2

US DOLLARS

CENTS



9200 0 20129999 0002005033 9 3999999999 0000 2

	Closing or Sale of	of Business or Cha	nge of Legal Entity	/			
	The legal entity changed on / If y corporation is registered for Sales and Use Tax, you Application to Collect and/or Report Tax in Florida.						
	The business was closed permanently on / (The Department will remove your corporate income tax obligation as of this date.)						
	Are you a corporation/partnership required to file sales and use tax returns?						
	The business was sold on / / The new owner information is:         Name of new owner:Telephone number of new owner: ()						
		County:		_ZIP:			
	FEIN	Sales and Use Tax Certificate Number					
Sigr	nature of officer ( <b>Required</b> )	Date	Telephone	number ()			

#### Information for Filing Form F-7004

F-7004 R. 01/12

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.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The F-7004 must be filed – To receive an extension of time to file your Florida return, 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. **A.** If applicable, state the reason you need the extension:

B. Type of federal return filed: Contact person for questions: Telephone number: (\_\_\_\_\_) \_\_\_

Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
<ol> <li>Balance due — You must pay 100% of the tax tentatively determined due with this extension request.</li> </ol>	3.

Transfer the amount on Line 3 to Tentative tax due on reverse side.

### Information for Filing Form F-1120ES

F-1120ES R. 01/12

- 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, 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 taxable year; 25 percent 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.

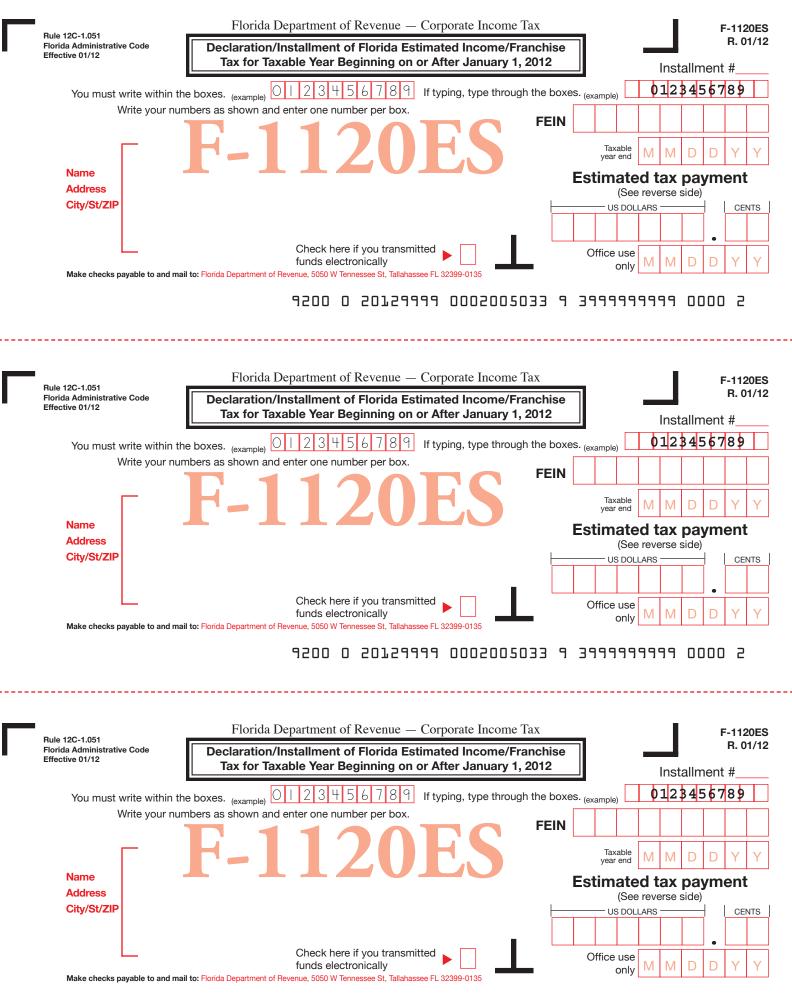
Contact person for questions:

Phone number: (\_\_\_\_ \_\_) \_\_

#### 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.



9200 0 20129999 0002005033 9 3999999999 0000 2

## Information for Filing Form F-1120ES

- 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.
- Due Date Generally, 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 taxable year; 25 percent 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.
- 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: (\_\_\_\_\_) \_\_\_\_

#### 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.

#### Information for Filing Form F-1120ES

F-1120ES R. 01/12

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