## Florida Corporate Income/Franchise Tax Return

R. 01/24 Rule 12C-1.051, F.A.C. Effective 01/24

				Name Addre	ess	e/ZIP									age 1	
	Use black ink. Example A - Handwritten Example B - Typed  1 2 3 4 5 6 7 8 9 0123456789  beginning ending		x year				eck he		-	hang	es ha	ve be	en ma	ide to		7
_	Year end date					OOR					,	1	7			
Fe	deral Employer Identification Number (FEIN)  Computation of Florida Net Income Tax					on			<u> </u>	/						
1.	Federal taxable income (see instructions).	k here	■   <del>-</del>				—∪ <b>≀</b>	S Dol	ıars						Cei	its
0	Attach pages 1-6 of federal return if nea	ative	1.	JLJ,				,Ш			لكرا					
2.	State income taxes deducted in computing federal taxable income Check (attach schedule) if neg	k here gative	2.					,								
3.	Additions to federal taxable income (from Schedule I) if neg		3.	],												
4.	, , , , , , , , , , , , , , , , , , , ,	gative	4.	<u> </u>						L				•		
5.	Subtractions from federal taxable income (from Schedule II) if neg	k here gative k here	5.	<u>الل</u> ,										•		
6.	Adjusted federal income (Line 4 minus Line 5) if neg	gative	6.	,اللا							للرا					
7.	Florida portion of adjusted federal income (see instructions)	Check if neg		7.												
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check if neg		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			11.				,			$igcup_{}$					
12.	Credits against the tax (from Schedule V)			12.							<u>,                                    </u>					
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			13.												
_	Payment Coupon for Florida Corporate Income  To ensure proper credit to your account, enclose  YEAR ENDING M M D D Y Y  If 6/30 year end, return otherwise return is described.	se your <mark>rn is d</mark> u	check ue 1st (	with	tax the	ret	urn v <b>mo</b> n	wher oth a er th	n ma	ailin the ose	close	e of			R. 0 <sup>o</sup> le yer.	
			amount m Line 1										$\prod$			
	Enter name and address, if not pre-addressed:	To	tal credi n Line 1	t												
	Name Address		tal refun m Line 1											-		
	City/St ZIP	Enter FEIN	FEIN I if not pre-ad	dressed										-		
		F	<b>–</b>	1			2								Γ	



5050 W Tennessee Street Tallahassee FL 32399-0135

14.	a) Penalty: F-2220 b) Other	_			1	$\neg \neg$		$\neg$	7		
	c) Interest: F-2220 d) Other	Line 14 Total	<b>1</b> 4.		ا لـــارل	_					
15	Total of Lines 13 and 14		15		ímr				7		
	Payment credits: Estimated tax payments 16a \$		13.		<u> </u>	_		_ _	_   •		L
10.	Tentative tax payment 16b \$		16.								
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amou				ـــاود		ا لــــار				
	due here. 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 estimate		17.		<b>"</b> "				_ ■ _		Н
10.	here		18.		<u>,                                     </u>						
19.	Refund: Enter amount of overpayment to be refunded here		19.								
	This return is considered incomplete unle	ess a copy of f	the federal r	eturn is at	tached.						_
	If your return is not signed, or improperly signed and verified, it will be su is properly signed and verified. Your re				s will not	start unti	l your r	eturn			
	Under penalties of perjury, I declare that I have examined this return, including a	accompanying sche	edules and state	ments, and to t	he best of	f my knowle	edge an	d belief, i	t is true,	correct	t,
	and complete. Declaration of preparer (other than taxpayer) is based on all info	rmation of which pr	reparer nas any k	(nowleage.							
Sign her	Ye Signature of officer (must be an original signature)  Date		Title								
	Preparer's		reparer	Preparer's	3						_
Paid prepare	signature		heck if self- mployed								
only	Firm's name (or yours		FEIN								
	if self-employed) and address		ZIP								
	All Taxpayers Must Answer Questions	A Through L	Below — S	See Instruc	ctions						
A. S	State of incorporation:					NO D If:	ues pro	vide:			
B. F	Florida Secretary of State document number:	G-2. Part of a federal consolidated return? YES NO If yes, provide:  FEIN from federal consolidated return:									
C. F	Florida consolidated return?	Name of corporation:  G-3. The federal common parent has sales, property, or payroll in Florida? YES  NO  \[ \bigcap \]									
D. [	Initial return  Final return (final federal return filed)										
E. F	Principal Business Activity Code (as pertains to Florida)		of corporate bo								
F. A	A Florida extension of time was timely filed? YES NO	I. Taxpaye	er is a member of	f a Florida partr	nership or j	joint ventur	e? YES	. 🔲 мс	, 🗖		
	Corporation is a member of a controlled group? YES  NO  If yes, attach list.		ate of latest IRS a								
			ears examined: _								
			person concern								
		·	act person email	,	/						
			federal return file		1120S or	r					
Save	Time and Paperwork with Electronic Filing										
You car	n file and pay your Florida corporate income tax return Form F-1120) electronically through the Internal	-	e requestino orida Depar	-			ıd yoı	ır retu	rn to:		
	le Service's (IRS) Modernized e-File (MeF) Program		Box 6440								
	lectronic transmitters approved by the IRS and the	Tal	lahassee F	L 32314-6	440						
	Department of Revenue. The Department also has an	R	ememb	er:							
	application for corporate income tax payments and filing	$\checkmark$	Make yo	ur checl	c paya	able to	the	Floric	la		
	forms F-1120A (Florida Corporate Short Form Income		Departm	nent of R	evenu	ıe.					
	turn), F-1120ES (Declaration/Installment of Florida ted Income/Franchise Tax), and F-7004 (Florida	✓ Write your FEIN on your check.									
	ve Income/Franchise Tax Return and Application for	1	Sign you	ur check	and r	eturn					
Extensi	ion of Time to File Return).	<b>*</b>	J.g., 700	J.100N	J						
lf Filir	ng Paper Return										
	e to Send Payments and Returns		Attach -	oony of		fodora	ا مما	IIKK			
	neck payable to and mail with return to: orida Department of Revenue	<b>√</b>	Attach a	copy of	your	ieaera	ıı reti	arn.			
1 10	onda Dopartinoni or Hovorido		A 44 I			Elastial.	- <b>-</b> -		7004		

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



NAME	FEIN	TAXABLE YEAR ENDING
Schedule I — Additions and/or Adjustments to Federal	Taxable Income	
Interest excluded from federal taxable income (see instructions)		1.
Undistributed net long-term capital gains (see instructions)		2.
Net operating loss deduction (attach schedule)		3.
Net capital loss carryover (attach schedule)		4.
5. Excess charitable contribution carryover (attach schedule)		5.
6. Employee benefit plan contribution carryover (attach schedule)		6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)		7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F	-1158Z)	8.
Guaranty association assessment(s) credit		9.
10. Rural and/or urban high-crime area job tax credits		10.
11. State housing tax credit		11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit sch	olarship-funding organizations)	12.
13. New worlds reading initiative credit		13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)		14.
15. Live Local program credit		15.
16. New markets tax credit		16.
17. Entertainment industry tax credit		17.
18. Research and development tax credit		18.
19. Experiential learning tax credit program		19.
20. Credit for qualified railroad reconstruction or replacement expenditures		20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers		21.
22. s.168(k), IRC, special bonus depreciation		22.
23. Depreciation of qualified improvement property (see instructions)		23.
24. Expenses for business meals provided by a restaurant (see instructions)		24.
25. Film, television, and live theatrical production expenses (see instructions)		25.
26. Other additions (attach schedule)		26.
27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.		27.

Schedule II — Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses  (a) Enter s. 78, IRC, income \$	1. Total ▶
2. Gross subpart F income less attributable expenses	
(a) Enter s. 951, IRC, subpart F income \$	2.
(b) less direct and indirect expenses \$	Total •
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule 3. Florida net operating loss carryover deduction (see instructions)	IV. 3.
Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13.



Schedule III — App		-			ranspor	tation services.					
, , , ,	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominate	HERE	Rounded to Six Decimal		· Col. (b) V Six Decimal If any factor in			(e) Weighted Factors Rounded to Six Decimal Places		
Property (Schedule III-B belo	w)					X 2	5% or				
2. Payroll	,					-	5% or				
Sales (Schedule III-C below	/)						0% or				
Apportionment fraction (Su	m of Lines 1, 2, and 3, Colu	ımn [e]). Enter here	and on	Schedule IV, Line	2.	I.					
III-B For use in computing av	erage value of property (u	se original cost).	a. Be	WITHIN F		End of year	c. Beginning of	TOTAL EVERYWHERI c. Beginning of year d. E			
Inventories of raw material,	work in process, finished a	oods		99 ,				,	,		
Buildings and other deprec											
3. Land owned											
Other tangible and intangible	e (financial org. only) assets	(attach schedule)									
5. Total (Lines 1 through 4)	- (a),,	(4)									
6. Average value of property a. Add Line 5, Columns (a) b. Add Line 5, Columns (c)	and (b) and divide by 2 (for and (d) and divide by 2 (for	within Florida) total Everywhere)	6a				6b				
<ol> <li>Rented property (8 times not a. Rented property in Florid b. Rented property Everywl</li> </ol>	la		7a				7b				
b. Enter Lines 6b. plus 7b.	and also enter on Schedule age property in Florida	III-A, Line 1, III-A, Line 1,	8a				8b				
III-C Sales Factor							(a) THIN FLORIDA merator)	T	(b) OTAL EVERYWHERE (Denominator)		
Sales (gross receipts)						1	N/A				
2. Sales delivered or shipped	to Florida purchasers								N/A		
3. Other gross receipts (rents,	royalties, interest, etc. whe	n applicable)									
4. TOTAL SALES (Enter on Sc	hedule III-A, Line 3, Columr	ns [a] and [b])									
III-D Special Apportionment F	ractions (see instructions)			(a) WITHIN FLOR	RIDA	(b) TOTAL	EVERYWHERE	(c) FL Rou	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places		
1. Insurance companies (attac	ch copy of Schedule T-Annu	ual Report)									
2. Transportation services											
			'								
Schedule IV — Co	omputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income					
Apportionable adjusted	federal income from Page	1, Line 6					1.				
Florida apportionment f	raction (Schedule III-A, Line	: 4)					2.				
Tentative apportioned a	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)					3.					
4. Net operating loss carry	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)				4.						
Net capital loss carryover apportioned to Florida (attach schedule; see instructions)				5.							
6. Excess charitable contr	ibution carryover apportion	ed to Florida (attac	h sched	ule; see instructio	ns)		6.				
7. Employee benefit plan	contribution carryover appo	rtioned to Florida (a	attach so	chedule; see instr	uctions)		7.				
8. Total carryovers apporti	oned to Florida (add Lines	4 through 7)					8.	8.			
Adjusted federal income	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)					9.					



Sc	hedule V — Credits Against the Corporate Income/Franchise Tax	
1.	Florida health maintenance organization consumer assistance assessment 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.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13.	New worlds reading initiative credit (attach certificate)	13.
14.	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15.	Live local program credit (attach certificate)	15.
16.	New markets tax credit	16.
17.	Entertainment industry tax credit	17.
18.	Research and development tax credit	18.
19.	Experiential learning tax credit	19.
20.	Credit for qualified railroad reconstruction or replacement expenditures	20.
21.	Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22.	Other credits (attach schedule)	22.
23.	Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Sche	edule R — Nonbusiness Income			
	Nonbusiness income (loss) alloc Type	ated to Florida		<u>Amount</u>
	Total allocated to Florida(Enter here and on Page 1, Line 8)		1	
Line 2.	Nonbusiness income (loss) alloc Type	ated elsewhere State/country allocated to		<u>Amount</u>
Line 3.	Total allocated elsewhere  Total nonbusiness income		2	
	Grand total. Total of Lines 1 and 2. (Enter here and on Schedule II, Line	→ 7)	3	



	Estimated Tax Workshe	et For Taxable Years Beginning On or After January 1, 2024		
1. 2. 3. 4.	Florida exemption \$50,000 (M Florida Form F-1120N) Estimated Florida net income Total Estimated Florida tax (	embers of a controlled group, see instructions on Page 15 of  (Line 1 less Line 2)	2. 3.	
5.	Computation of installments			
	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		
	•	ated tax should change during the year, you may use the amended comput the amended amounts to be entered on the declaration (Florida Form F-11:		
1. 2. 3. 4.	Less:  (a) Amount of overpayment to estimated tax and ap  (b) Payments made on estir  (c) Total of Lines 2(a) and 2  Unpaid balance (Line 1 less	from last year elected for credit plied to date	£	

## References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at floridarevenue.com/forms.							
Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.					
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.					
Form F-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.					
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.					
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.					
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.					
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.					