

Florida Credit for Manufacturing of Human Breast Milk Derived Human Milk Fortifiers Application for Tax Credit

F-11991 N. 07/23 Rule 12C-1.051, F.A.C. Effective 07/23 Page 1 of 2

For taxable years beginning on or after January 1, 2023, Florida law provides a credit against the tax imposed by Chapter 220, Florida Statutes (F.S.), equal to 50 percent of the cost of manufacturing equipment purchased for use in the production of human breast milk derived human milk fortifiers in Florida.

Tax credits are available only for purchases of qualifying manufacturing equipment made during the state fiscal year for which the application is submitted, or during the 6 months preceding such state fiscal year. Purchases of qualifying manufacturing equipment must be made on or before the date the taxpayer is required to files its *Florida Corporate Income/Franchise Tax Return* (Form F-1120, incorporated by reference in Rule 12C-1.051, F.A.C.).

The Department of Revenue must approve the tax credit prior to the taxpayer taking the credit on its tax return. **A separate application is required for each taxable year**.

Requested Credit for Manufacturing of Human Breast Milk Derived Human Milk Fortifiers: State fiscal year 2023-2024 Applying for Tax Year Beginning on or after January 1, 2023, through December 31, 2023. Tax Year Tax Year Business Information Federal Employer Identification Number (FEIN): Mailing Address:					
Applying for Tax Year Beginning on or after January 1, 2023, through December 31, 2023. Tax Year Business Information Federal Employer Identification Number (FEIN):	Requested Credit for Manufacturing	of Human Breast	Milk Derived Human Milk Fortif	ers:	
Applying for Tax Year Beginning on or after January 1, 2023, through December 31, 2023. Tax Year Business Information Federal Employer Identification Number (FEIN):					
January 1, 2023, through December 31, 2023. Tax Year Tax Year Business Information Federal Employer Identification Number (FEIN):	☐ State fiscal year 2023-2024		☐ State fiscal year 2024-2025		
Tax Year Business Information Business Name: Federal Employer Identification Number (FEIN):	11 7 0				
Business Information Business Name: Federal Employer Identification Number (FEIN):	January 1, 2023, through Decembe	r 31, 2023.	January 1, 2024, thr	ough December 31, 2024.	
Business Information Business Name: Federal Employer Identification Number (FEIN):	Tax Year -		Tax Year -		
Business Name: Federal Employer Identification Number (FEIN):					
Business Name: Federal Employer Identification Number (FEIN):	Business Information				
			Fodoral Employor Idontification Number (FEIN):		
Mailing Address:	Dusiness Ivaire.		rederal Employer Identification Number (FEIN).		
	Mailing Address:				
City: State: ZIP:	City:	State:	ZIP:		
Contact Name: Telephone Number: Email Address*:	Contact Name:	Telephone Number:	Email Address*:		
If you are included in a consolidated Florida Corporate Income/Franchise Tax Return (Form F-1120), provide:	If you are included in a consolidated Florida Corporate In	come/Franchise Tax Retu	n (Form F-1120), provide:		
Parent Corporation's Name: Parent FEIN:	Parent Corporation's Name:		Parent FEIN:		
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* Your privacy is important to the Florida Department of Revenue. Email addresses provided to the Department for tax administration purposes are confidential and exempt from disclosure under section 213.053(2), F.S.					
Florida law requires you to authorize the Florida Department of Revenue to respond to you using unencrypted email		· · · · · · · · · · · · · · · · · · ·		• ,	

that does not require additional steps before you can access information in the email. To expedite the processing of your application, you may wish to receive unencrypted email regarding this application. If so, indicate your approval to receive

☐ Yes. I authorize the Florida Department of Revenue to send information regarding this application using unencrypted

☐ No. I wish to receive encrypted emails from the Florida Department of Revenue. (The software used to encrypt email

unencrypted email by selecting 'Yes' below, otherwise, select 'No.'

requires a one-time passcode or a user account.)

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Requested credit computation:

(1) Enter the cost of qualifying manufacturing equipment purchased for use in the production of human breast milk derived human milk fortifiers in Florida during the taxable year.	1	
(2) 50 percent (50%)	2	x 50%
(3) Requested credit. Multiply Line 1 by Line 2.	3	

"Qualifying manufacturing equipment" means equipment for use in the production of human breast milk derived human milk fortifiers:

- That can be sold as a product using a pasteurization or sterilization process; and
- That is in compliance with all applicable United States Food and Drug Administration provisions.

Required documentation:

- The Florida address where the equipment is installed or is being installed.
- Invoices for the qualifying manufacturing equipment purchased and any other documentation/information to demonstrate your eligibility for the credit.
- A list of the specific products manufactured with the qualifying manufacturing equipment.

Under penalties of perjury, I declare that I have re and the facts stated in it are true and correct.	d the foregoing application, including accompanying doc	umentation,
Signature of Officer	Date	
Print Name	 Title	

Contact Information For additional information regarding the Florida Credit for Manufacturing of Human Breast Milk Derived Human Milk Fortifiers, contact Revenue Accounting: Phone: 850-617-8586 Fax: 850-921-1171 Email: CreditTrackingGroup@floridarevenue.com

Submit your completed application and documentation to:

Florida Department of Revenue or Fax: 850-921-1171 or Email: CreditTrackingGroup@floridarevenue.com

Revenue Accounting

PO Box 6609

Tallahassee, FL 32314-6609