Florida Corporate Income/Franchise Tax Return

F-1120 R. 01/25 Rule 12C-1.051, F.A.C. Effective 02/25 Page 1 of 6

Name Address City/State/ZIF

					ity/S	otate	ZIP									
Use black ink. Example A - Handwritten Example B - Typed								k here		chang	ges h	ave be	en ma	de to		
	For calendar year		r tax ye	ar			name	or add	Iress							7
0123456789 0123456789	beginning		,													
	ending			_	_											_
	Year end date					D	OR u				1		1			
Federal Employer Identification Number (FEIN)				_			only				<i></i>			Ш		
Computation of Florida Net Inc	come Tax			<u> </u>		_		US [ollar	s			$\overline{}$		Cen	ıts
Federal taxable income (see instructions).	CI	heck here									1					
Attach pages 1–6 of federal return		negative	1.		Ш,						اراد					
2. State income taxes deducted in computing federal	Cl	heck here			\Box			ТÍГ			Ť					
(attach schedule)	if	negative	2.		Ш,			,_			اراد					
	CI	heck here			\Box			ТÍГ			Ϊ					
Additions to federal taxable income (from Schedule	∋ I) if	negative	3.		Ш,			<u>,</u> _			ارا	┚╚				
	CI	heck here			mĺ			ТÍГ			í					
4. Total of Lines 1, 2, and 3.	if	negative	4.		Ш,			,			_اٍ,ـــ					
	CI	heck here			\Box			'nг	$\neg \vdash$		ή	7				
Subtractions from federal taxable income (from Sch	hedule II) if	negative	5.		Ш,											
	CI	heck here			\Box			— ′ г			ĭ	7				
6. Adjusted federal income (Line 4 minus Line 5)	if	negative	6.													
		Ch	heck here		\ '				$\neg \vdash$		╗	٦				
7. Flor <mark>ida portion of adjusted federal inc</mark> ome (see in <mark>st</mark>	tructions)	if	negative		7.											
		Ch	heck here						$\neg \vdash$		╗	٦				
8. Non <mark>busi</mark> ness income allocated to Florida (from Sch	nedule R)	if	negative		8.											
								,			╗	٦				
9. Florida exemption					9.											
									$\neg \vdash$		╗	٦				
10. Florida net income (Line 7 plus Line 8 minus Line 9	9)				10.											
											╗	٦				
11. Tax due: 5.5% of Line 10					11.				╛┖			┚┖				
								─			, 					
12. Credits against the tax (from Schedule V)					12.				╛┖		ا					
								—′́г			í	7				
13. Total corporate income/franchise tax due (Line 11 n	minus Line 12)				13.				╛┖							
								,			7					
_																
Payment Coupon for Florida Co	rnorato Incon	no Tav	Dot	ırn		Do	not	deta	ch /	cour	\on				F-1	120
	•				ا جاء: ا										R. 01	
To ensure proper credit to you	ur account, enci	iose yc	our cn	eck v	vitn	tax	retur	n wn	en m	allin	g.					
YEAR III III III III III III III III III I	6/30 year end, re	eturn is	due 1	st da	y of	the	4th r	nonth	afte	r the	clos	se of	the ta	axab	le ye	ar,
ENDING M M D D Y Y oth	herwise return is	s due 1	st day	of th	ne 51	h m	onth	after	the c	lose	of t	he ta	kable	yea	r.	
LINDING																
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			tal amo from Li		Je											
Enter name and address, if not pre-addressed:											-			•		
			Total of from Li													
Name					_						<u>ارا</u> را-	_		•		
Address			Total re from Li													
City/St					_						<u>ارا</u> را-	J		•		
ZIP		Enter	FE FEIN if not		ssed											
ZIF		Linei		r.o addie			اللا									
_			٦ _													
									V							



5050 W Tennessee Street

Tallahassee FL 32399-0135

14.	a) Penalty: F-2220 b) Other	
	c) Interest: F-2220 d) Other	Line 14 Total ▶ 14.
15	Total of Lines 13 and 14	15
	Payment credits: Estimated tax payments 16a \$	
	Tentative tax payment 16b \$	
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amound due here. If the amount is negative (overpayment), enter on Line 18 and/or Line 19	
18.	Credit: Enter amount of overpayment credited to next year's estimated	
	here	
19.	Refund: Enter amount of overpayment to be refunded here	
	If your return is not signed, or improperly signed and verified, it will be su	ess a copy of the federal return is attached. ubject to a penalty. The statute of limitations will not start until your return eturn must be completed in its entirety.
	Under penalties of perjury, I declare that I have examined this return, including a complete. Declaration of preparer (other than taxpayer) is based on all information	accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and ion of which preparer has any knowledge.
0: 1		
Sign he	Signature of officer Date	Title
	Preparer's	Preparer Preparer's
Paid prepare	signature	check if self- employed
only	Firm's name (or yours if self-employed)	FEIN
	and address	ZIP
	All Taxpayers Must Answer Questions A	A Through L Below — See Instructions
B. F C. F D. (State of incorporation: Florida Secretary of State document number: Florida consolidated return? Initial return Final return (final federal return filed) Principal Business Activity Code (as pertains to Florida)	G-2. Part of a federal consolidated return? YES NO If yes, provide: FEIN from federal consolidated return: Name of corporation: G-3. The federal common parent has sales, property, or payroll in Florida? YES NO H. Location of corporate books:
		City: State: ZIP:
	A Florida extension of time was timely filed? YES NO Corporation is a member of a controlled group? YES NO If yes, attach list.	I. Taxpayer is a member of a Florida partnership or joint venture? YES NO D J. Enter date of latest IRS audit: a) List years examined:
		Contact person concerning this return: a) Contact person telephone number: ()
		b) Contact person email address:
Save	Time and Paperwork with Electronic Filing	L. Type of federal return filed 1120 1120S or
You can Florida Revenusing e Florida ponline a Florida Estimativ Extensi	in file and pay your Florida corporate income tax return a Form F-1120) electronically through the Internal are Service's (IRS) Modernized e-File (MeF) Program electronic transmitters approved by the IRS and the Department of Revenue. The Department also has an application for corporate income tax payments and filing forms F-1120ES (Declaration/Installment of Florida ted Income/Franchise Tax) and F-7004 (Florida ve Income/Franchise Tax Return and Application for ion of Time to File Return).	If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440 Remember: Make your check payable to the Florida Department of Revenue. Write your FEIN on your check. Sign your check and return.
	ng Paper Return	
	e to Send Payments and Returns neck payable to and mail with return to:	
	orida Department of Revenue	Attach a copy of your federal return.

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



NAME FIN TAXABI E YEAR ENDING

NAME	FEIN	TAXABLE YEAR ENDING
Schedule I — Additions and/or Adjustments to Feder	ral 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 Fo	orm 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	scholarship-funding organizations)	12.
13. New worlds reading initiative credit		13.
14. Strong families tax credit (credit for contributions to eligible charitable organization	ons)	14.
15. Live Local program credit		15.
16. New markets tax credit		16.
17. Research and development tax credit		17.
18. Experiential learning tax credit program		18.
19. Credit for qualified railroad reconstruction or replacement expenditures		19.
20. Residential graywater system tax credit		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.

Sc	nedule II — Subtractio	ns from Federal Taxable Income	
(Gross foreign source income less att (a) Enter s. 78, IRC, income (b) plus s. 862, IRC, dividends (c) plus s. 951A, IRC, income (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC	ibutable expenses \$ \$ \$ Total	1.
	Gross subpart F income less attributa	•	
	(a) Enter s. 951, IRC, subpart F incor		2.
((b) less direct and indirect expenses	\$ Total	
	: Taxpayers doing business outside I	3.	
3.	Florida net operating loss carryover of		
4.	Florida net capital loss carryover ded	4.	
5.	Florida excess charitable contribution	5.	
6.	Florida employee benefit plan contrib	6.	
7.	Nonbusiness income (from Schedule	7.	
8.	Eligible net income of an internationa	8.	
9.	s. 168(k), IRC, special bonus depreci	9.	
10. I	Depreciation of qualified improvemen	10.	
11. F	Film, television, and live theatrical pro	11.	
12.	Other subtractions (attach schedule)	12.	
13.	Total Lines 1 through 12. Enter total o	13.	



Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)

NAME FEIN TAXABLE YEAR ENDING

III-A For use by taxpayers doing			providii		ransport	ation services.			
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominate		(C) RE Col. (a) + Col. (b) Rounded to Six Decimal Places		If any factor i	(d) Weight n Column (b) is ze ge 9 of the instruc		(e) Weighted Factors Rounded to Six Decimal Places
Property (Schedule III-B below)						X 25	% or		
2. Payroll						X 25	% or		
3. Sales (Schedule III-C below)						X 50	% or		
4. Apportionment fraction (Sum of	of Lines 1, 2, and 3, Colu	mn [e]). Enter here	and on	Schedule IV, Line	2.				
III-B For use in computing average value of property (use original cos		use original cost).	WITHIN FLORIDA a. Beginning of year b. Er		End of year	TO c. Beginning of		RYWHERE d. End of year	
Inventories of raw material, wo	ork in process, finished g	oods							
2. Buildings and other depreciable	le assets								
3. Land owned									
4. Other tangible and intangible (f	inancial org. only) assets	(attach schedule)							
5. Total (Lines 1 through 4)									
Average value of property a. Add Line 5, Columns (a) and b. Add Line 5, Columns (c) and							6b		
 Rented property (8 times net a a. Rented property in Florida Rented property Everywhere 			7a. <u> </u>				7b		
a. Enter Lines 6a. plus 7a. and Column (a) for total average b. Enter Lines 6b. plus 7b. and Column (b) for total average	e property in Florida I also enter on Schedule	III-A, Line 1,					8b		(b)
III-C Sales Factor						TOTAL WIT	HIN FLORIDA nerator)	ТС	(b) DTAL EVERYWHERE (Denominator)
Sales (gross receipts)						N	I/A		
Sales delivered or shipped to I	<u> </u>								N/A
3. Other gross receipts (rents, ro	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
4. TOTAL SALES (Enter on Sche	edule III-A, Line 3, Colum	nns [a] and [b])							
III-D Special Apportionment Frac				(a) WITHIN FLORIDA (b) TOTAL E		EVERYWHERE (c) FL		ORIDA Fraction ([a] ÷ [b]) unded to Six Decimal Places	
Insurance companies (attach of	copy of Schedule T–Anni	ual Report)							
Transportation services									
Schedule IV — Con	nputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income			
Apportionable adjusted fed	leral income from Page 1	1, Line 6					1.		
Florida apportionment fraction	tion (Schedule III-A, Line	: 4)					2.		
Tentative apportioned adju-	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)						3.		
Net operating loss carryover apportioned to Florida (attach schedule; see instructions)				4.					
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)			5.						
Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)					6.				
7. Employee benefit plan con	tribution carryover appor	rtioned to Florida (a	ttach sc	hedule; see instru	ctions)		7.		
Total carryovers apportione	Total carryovers apportioned to Florida (add Lines 4 through 7)				8.				
Adjusted federal income ap	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)					9.			



NAME FEIN TAXABLE YEAR ENDING

FEIN	TAXABLE YEAR ENDING
hedule V — Credits Against the Corporate Income/Franchise Tax	
Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
Capital investment tax credit (attach certification letter)	2.
Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
Community contribution tax credit (attach certification letter)	4.
Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
Rural job tax credit (attach certification letter)	6.
Urban high-crime area job tax credit (attach certification letter)	7.
Hazardous waste facility tax credit	8.
Florida alternative minimum tax (AMT) credit	9.
Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
Child care tax credits	11.
State housing tax credit (attach certification letter)	12.
Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificat	e) 13.
New worlds reading initiative credit (attach certificate)	14.
Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	15.
Live local program credit (attach certificate)	16.
New markets tax credit	17.
Research and development tax credit	18.
Experiential learning tax credit	19.
Credit for qualified railroad reconstruction or replacement expenditures	20.
Residential graywater system tax credit	21.
Credit for manufacturing of human breast milk derived human milk fortifiers	22.
Individuals with unique abilities tax credit program	23.
Other credits (attach schedule)	24.
Total credits against the tax (sum of Lines 1 through 24 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	25.
	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice) Capital investment tax credit (attach certification letter) Enterprise zone jobs credit (from Florida Form F-1156Z attached) Community contribution tax credit (attach certification letter) Enterprise zone property tax credit (from Florida Form F-1158Z attached) Rural job tax credit (attach certification letter) Urban high-crime area job tax credit (attach certification letter) Hazardous waste facility tax credit Florida alternative minimum tax (AMT) credit Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate) Child care tax credits State housing tax credit (attach certification letter) Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate) Strong families tax credit (redit for contributions to eligible charitable organizations) (attach certificate) Live local program credit (attach certificate) New markets tax credit Research and development tax credit Experiential learning tax credit Credit for qualified railroad reconstruction or replacement expenditures Residential graywater system tax credit Credit for manufacturing of human breast milk derived human milk fortifiers Individuals with unique abilities tax credit program Other credits (attach schedule) Total credits against the tax (sum of Lines 1 through 24 not to exceed the amount on Page 1, Line 11).



NAME FEIN TAXABLE YEAR ENDING

I	Estimated Tax Workshe	et For Taxable Years Beginning	On or After January 1	, 2025			
1.	Florida income expected in ta	axable year		1.	\$		
2.							
				2.	\$		
3.	Estimated Florida net income	e (Line 1 less Line 2)		3.	\$		
1.	Total Estimated Florida tax (5	5.5% of Line 3)	\$				
	Less: Credits against the tax	5.5% of Line 3)	\$	4.	\$		
	· ·						
_							
٥.	Computation of installments:						
	Payment due dates and	If 6/30 year end, last day of 4th month					
	payment amounts:	otherwise last day of 5th month - Ente		1.			
	. ,	Last day of 6th month - Enter 0.25 of L					
		Last day of 9 th month - Enter 0.25 of L					
		Last day of taxable year - Enter 0.25 of	of Line 4 50	1			
	NOTE: If your estim	nated tax should change during the year	vou may use the amended	computation			
	-	the amended amounts to be entered or	-	-			
_	polew to determine	and amount to be entered of	Tario decidi dalem (Frenda Fer		<i>y</i> ·		
1.	Amended estimated tax			1. \$			
2.	Less:						
	(a) Amount of overpayment	from last year elected for credit					
		olied to date	2a \$				
		nated tax declaration (Florida Form F-11					
		(b)					
3.	Unpaid balance (Line 1 less Line 2(c))						
1.		vided by number of remaining installme					

References

The forms are evallable online at floridary venue com/forms.

Т	he 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-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.