

Florida Corporate Income/Franchise Tax Return

Change revision date and effective date to XX/XX

F-1120 R. 01/22

Rule 12C-1.051, F.A.C.

Effective 01/22

Page 1 of 6

Name
Address
City/State/ZIP

Check here if any changes have been made to name or address

Use black ink. Example A - Handwritten Example B - Typed

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

For calendar year or tax year beginning _____, ending _____ Year end date _____

DOR use only / /

Federal Employer Identification Number (FEIN)

Computation of Florida Net Income Tax

		US Dollars								Cents		
1. Federal taxable income (see instructions). Attach pages 1-6 of federal return	Check here if negative <input type="checkbox"/>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative <input type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Additions to federal taxable income (from Schedule I)	Check here if negative <input type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Total of Lines 1, 2, and 3.	Check here if negative <input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative <input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative <input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Florida exemption		9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Florida net income (Line 7 plus Line 8 minus Line 9)		10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tax due: Change to 5.5% 3.525% of Line 10		11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Credits against the tax (from Schedule V)		12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Total corporate income/franchise tax due (Line 11 minus Line 12)		13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120

R. 01/22

XX/XX

To ensure proper credit to your account, enclose your check with tax return when mailing.

YEAR ENDING MM DD YY

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Enter name and address, if not pre-addressed:

Name
Address
City/St
ZIP

	US DOLLARS								CENTS	
Total amount due from Line 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total credit from Line 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total refund from Line 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEIN Enter FEIN if not pre-addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.

16. Payment credits: Estimated tax payments 16a \$
 Tentative tax payment 16b \$ 16.

17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. 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 estimated tax here and on payment coupon 18.

19. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon 19.

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN <input type="text"/>
Paid preparers only	Firm's name (or yours if self-employed) and address	FEIN	<input type="text"/>
		ZIP	<input type="text"/>

All Taxpayers Must Answer Questions A Through L Below — See Instructions

A. State of incorporation: _____

B. Florida Secretary of State document number: _____

C. Florida consolidated return? YES NO

D. Initial return Final return (final federal return filed)

E. Principal Business Activity Code (as pertains to Florida)

F. A Florida extension of time was timely filed? YES NO

G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.

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: _____

I. Taxpayer is a member of a Florida partnership or joint venture? YES NO

J. Enter date of latest IRS audit: _____
 a) List years examined: _____

K. Contact person concerning this return: _____
 a) Contact person telephone number: (____) _____
 b) Contact person email address: _____

L. Type of federal return filed 1120 1120S or _____

Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

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.**
- ✓ **Attach a copy of your federal return.**
- ✓ **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

1.	Interest excluded from federal taxable income (see instructions)	1.
2.	Undistributed net long-term capital gains (see instructions)	2.
3.	Net operating loss deduction (attach schedule)	3.
4.	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.
9.	Guaranty association assessment(s) credit	9.
10.	Rural and/or urban high-crime area job tax credit	
11.	State housing tax credit	
12.	Florida tax credit scholarship program credit (AR)	
13.	Florida renewable energy production tax credit	
14.	New markets tax credit	14.
15.	15. Entertainment industry tax credit	15. 15.
16.	16. Research and development tax credit	16. 16.
17.	17. Energy economic zone tax credit	17. 17.
18.	18. s.168(k), IRC, special bonus depreciation	18. 18.
19.	19. Depreciation of qualified improvement property (see instructions)	19. 19.
20.	20. Expenses for business meals provided by a restaurant (see instructions)	20. 20.
21.	21. Film, television, and live theatrical production expenses (see instructions)	21. 21.
22.	22. Other additions (attach schedule)	22. 22.
23.	23. Total Lines 1 through 22. Enter total on this line and on Page 1, Line 3.	23. 23.

Change to read:
13. New Worlds Reading Initiative credit
14. Strong families tax credit (credit for contributions to eligible charitable organizations)
Renumber current lines 14-23 as 15-24 in both columns.

insert new line 23.: Internship tax credit

Schedule II – Subtractions from Federal Taxable Income

1.	Gross foreign source income less attributable expenses (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 \$ _____	Total ▶	1.
2.	Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	Total ▶	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.			
3.	Florida net operating loss carryover deduction (see instructions)		3.
4.	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.179, IRC, expense (see instructions)		9.
9.	10. s. 168(k), IRC, special bonus depreciation (see instructions)		10. 9.
10.	11. Depreciation of qualified improvement property (see instructions)		11. 10.
11.	12. Film, television, and live theatrical production expenses (see instructions)		12. 11.
12.	13. Other subtractions (attach schedule)		13. 12.
13.	14. Total Lines 1 through 13. Enter total on this line and on Page 1, Line 5.		14. 13.

Delete line 9, renumber lines 10-14 as 9-13 in both columns



NAME

FEIN

TAXABLE YEAR ENDING

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 EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. 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 Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida..... 7a. _____					
b. Rented property Everywhere 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. _____					
b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b. _____					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T–Annual Report)					
2. Transportation services					

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. 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.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME FEIN TAXABLE YEAR ENDING

Schedule V – Credits Against the Corporate Income/Franchise Tax

Table with 2 columns: Description and Line Number. Includes rows for Florida health maintenance organization consumer assistance assessment credit, Capital investment tax credit, Enterprise zone jobs credit, etc. Includes handwritten annotations in red boxes and arrows.

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Table with 2 columns: Type and Amount. Includes a row for 'Total allocated to Florida' with line number 1.

Line 2. Nonbusiness income (loss) allocated elsewhere

Table with 3 columns: Type, State/country allocated to, and Amount. Includes a row for 'Total allocated elsewhere' with line number 2.

Line 3. Total nonbusiness income

Table with 2 columns: Description and Line Number. Includes a row for 'Grand total. Total of Lines 1 and 2' with line number 3.



NAME

FEIN

TAXABLE YEAR ENDING

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2022

- | | | | | |
|--|----|------|-------|-------|
| 1. Florida income expected in taxable year | | 2023 | 1. \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 15 of Florida Form F-1120N) | | | 2. \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) | | | 3. \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) | \$ | | | _____ |
| Less: Credits against the tax | \$ | | 4. \$ | _____ |

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..... | 5a. _____ |
| | Last day of 6 th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9 th month - Enter 0.25 of Line 4..... | 5c. _____ |
| | Last day of taxable year - Enter 0.25 of Line 4 | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | | |
|--|----------|--------|-------|
| 1. Amended estimated tax | | 1. \$ | _____ |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. - \$ | | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES).... | 2b. - \$ | | _____ |
| (c) Total of Lines 2(a) and 2(b) | | 2c. \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | | 3. \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | | 4. \$ | _____ |

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-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.