DRAFT

Florida Corporate Income/Franchise Tax Return

F-1120 R. XX/XX R. 01/25

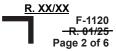
Rule 12C-1.051, F.A.C.

Effective XX/XX

Effective 02/25 Page 1 of 6

Name Address

			CI	ty/S	tate	ZIP										
Use black ink. Example A - Handwritten Example B - Typed										hang	es ha	ve be	en ma	ade to		
(poppoppoppoppoppoppol)	calendar year or tax	•	٢			name	or a	ddre	SS							П
	inning															
	ing r end date		- .													
Federal Employer Identification Number (FEIN)	i ellu uate				D	OR ι only					!		1			
Computation of Florida Net Income	Tax					Oiliy			<u> </u>	'						<u> </u>
Federal taxable income (see instructions).	; IdX	I -					–US	Dol	lars						Cer	ıts
Attach pages 1–6 of federal return	Check here	1.														
State income taxes deducted in computing federal taxab	le income][Ш		,			•		
(attach schedule)	Check here	2.														
(2.22)	ggaare] [Ш		,			•		
3. Additions to federal taxable income (from Schedule I)	Check here if negative	3.														
· · · · · · · · · · · · · · · · · · ·] [<u>_</u>			, , , , , , , , , , , , , , , , , , ,				,			•		
4. Total of Lines 1, 2, and 3	Check here if negative	4.														
, ,] [<u></u>				,			•		
5. Subtractions from federal taxable income (from Schedule	Check here if negative	5.														
,		J [<u></u>				,			•		
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative	6.														
(اراكا				,			•		
7. Flor <mark>ida portion</mark> of adjusted federa <mark>l inc</mark> ome (see in <mark>stru</mark> ctio	ns) Check	here ative		7.												
		_		L							"			•		
8. Nonbusiness income allocated to Florida (from Schedule	PR)	here ative		8.												
				L			اولسسا				,			•		
9. Florida exemption				9.												
·								_			,			•		
10. Florida net income (Line 7 plus Line 8 minus Line 9)				10.												
,				L				_			"			•		
11. Tax due: 5.5% of Line 10				11.												
											"	1		•		
12. Credits against the tax (from Schedule V)				12.												
,							, , , , , , , , , , , , , , , , , , ,		\equiv		7			-		
13. Total corporate income/franchise tax due (Line 11 minus	Line 12)			13.												
	,			L			ا ر '''''				7			•		
_																
					Б.										E 4	120
Payment Coupon for Florida Corpor							t de					R	. XX/	XX		
To ensure proper credit to your acc	count, enclose your	che	ck w	ith t	ax r	etur	n wl	nen	ma	illing	J.				•	
VEAD If 6/30 y	ear end, return is du	ie 1s	t day	of	the	4th i	mon	th at	fter	the	clos	e of	the t	axab	le ye	ear,
TEAN M M D D Y Y otherwi	se return is due 1st															
ENDING W W B B T T T				1												1
	Takal		4	<u> </u>				- US [DOLLA	ARS –		1			CEN	ITS
		amou n Line	ınt due e 17	3												
Enter name and address, if not pre-addressed:									\equiv		"	1		•		
	The state of the s	tal cre n Line												_		
Name								=	\equiv		<u>ال</u> ار ا ا			•		
Address		al ref n Line												_		
City/St								=	\equiv		'J'			•		
ZIP	Enter FEIN	FEIN I if not pro		ed												
_																
						- 4										





5050 W Tennessee Street

Tallahassee FL 32399-0135

14.	a) Penalty: F-2220 b) Other						$\neg \vdash$	1		
	c) Interest: F-2220 d) Other		al 🕨 14.		ا البارك				. [
15	Total of Lines 13 and 14		15		ĬME	$\neg \neg i$				
	Payment credits: Estimated tax payments 16a \$		10.				_ _		• -	
10.	Tentative tax payment 16b \$		16.							
17	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount		10.						• -	
17.	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 estimated				_ ,	_		1		
	here		18.		<u> </u>				. [
19.	Refund: Enter amount of overpayment to be refunded here		19.		_ , L				.	
	This return is considered incomplete unle If your return is not signed, or improperly signed and verified, it will be s is properly signed and verified. Your n	subject to a per	nalty. The stati	ute of limitation		tart until yo	our retur	'n		
	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 informati	accompanying so	chedules and sta	atements, and to t	he best of m	ıy knowledge	e and beli	ef, it is tr	ue, corr	ect, and
			Jaior Hao arry har	omougo.						
Sign he	Signature of officer Date		Title							
	Preparer's		Preparer check if self-	Preparei PTIN	.'s					
Paid prepare	signature Date		employed							
only	Firm's name (or yours		FEIN							
	if self-employed) and address		ZIP							
	All Taxpayers Must Answer Questions									
B. I C. I D.	State of incorporation:	FEIN Name	from federal core of corporation:	solidated return? nsolidated return: parent has sales,					_	
E. [Principal Business Activity Code (as pertains to Florida)			books:						
F. /	A Florida extension of time was timely filed? YES 🔲 NO 🔲			er of a Florida part		oint venture?	YES L	I NO L	_	
G-1. (Corporation is a member of a controlled group? YES D NO D If yes, attach list.			RS audit:						
			st years examine		-					
				erning this return:						
			ontact person tele ontact person em	ephone number: ()					
		,		i filed 1120	7 11209 or					
Save	Time and Paperwork with Electronic Filing	с. туре	or rederal return	Tilled 🖴 TIZO 🕻	1 11203 01			_		
Florida Revenuusing e Florida online a Florida Estima Tentati	In file and pay your Florida corporate income tax return a Form F-1120) electronically through the Internal Lie 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 Lited Income/Franchise Tax) and F-7004 (Florida Live Income/Franchise Tax Return and Application for Line to File Return).	F F 7	Florida Dep PO Box 644 Fallahassee Remen Make y Depar	FL 32314- nber: your chec tment of F your FEIN	Revenue 6440 k payal Revenue on you	ble to t e. ur chec	he Flo			
	•	✓	əign y	our check	and re	;turn.				
	ng Paper Return									
	e to Send Payments and Returns									
	neck payable to and mail with return to: orida Department of Revenue	√	Attach	a copy o	f vour f	federal	retur	n.		

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



NAME FEIN TAXABLE YEAR ENDING

	Scl	nedule 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.
<u>7.</u>	8.	Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8. <u>7.</u>
<u>8.</u>	- 9.	Guaranty association assessment(s) credit	9. <u>8.</u>
9.	10.	Rural and/or urban high-crime area job tax credits	10 . <u>9.</u>
<u>10.</u>	11.	State housing tax credit	11. <u>10.</u>
<u>11.</u>	12.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12 . <u>11.</u>
<u>12.</u>	-13.	New worlds reading initiative credit	13. <u>12.</u>
<u>13.</u>	14.	Strong families tax credit (credit for contributions to eligible charitable organizations)	44. <u>13.</u>
<u>14.</u>	15.	Live Local program credit	15 . <u>14.</u>
<u>15.</u>	16.	New markets tax credit	16. <u>15.</u>
<u>16.</u>	17.	Research and development tax credit	17 . <u>16.</u>
<u>17.</u>	-18.	Experiential learning tax credit program	18 . <u>17.</u>
<u>18.</u>	19.	Credit for qualified railroad reconstruction or replacement expenditures	19 . <u>18.</u>
<u>19.</u>	- 20.	Residential graywater system tax credit	20 . <u>19.</u>
20	-21 .	Credit for manufacturing of human breast milk derived human milk fortifiers	21 . <u>20.</u>
<u>21.</u>	22.	s.168(k), IRC, special bonus depreciation	22 . <u>21.</u>
<u>22.</u>	23.	Depreciation of qualified improvement property (see instructions)	23 . <u>22.</u>
<u>23.</u>	24 .	Expenses for business meals provided by a restaurant (see instructions)	24 . <u>23.</u>
<u>24.</u>	-25 .	Film, television, and live theatrical production expenses (see instructions)	25 . <u>24.</u>
<u>25.</u>		Other additions (attach schedule)	26 . <u>25.</u>
<u>26.</u>	27 .	Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27 . <u>26.</u>

5	cnedule II — Subtractio	ons from Federal Taxable Inco	me	
1.	Gross foreign source income less at (a) Enter s. 78, IRC, income	\$		
	(b) plus s. 862, IRC, dividends	\$		1.
	(c) plus s. 951A, IRC, income	\$	>	1.
	(d) less direct and indirect expenses and related amounts deducted under s. 250, IRC	\$	Total •	
2.	Gross subpart F income less attribut	able expenses		
	(a) Enter s. 951, IRC, subpart F inco (b) less direct and indirect expenses		Total	2.
No 1	te: Taxpayers doing business outside Florida net operating loss carryover	plete Schedule IV.	3.	
4.	Florida net capital loss carryover dec	fuction (see instructions)		4.
5.	Florida excess charitable contribution	n carryover (see instructions)		5.
6.	Florida employee benefit plan contril	oution carryover (see instructions)		6.
7.	Nonbusiness income (from Schedule	R, Line 3)		7.
8.	Eligible net income of an international	al banking facility (see instructions)		8.
9.	s. 168(k), IRC, special bonus deprec	iation (see instructions)		9.
10.	Depreciation of qualified improvement	nt property (see instructions)		10.
11.	Film, television, and live theatrical pr	oduction 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.



NAME FEIN TAXABLE YEAR ENDING

	hedule III — Appo For use by taxpayers doing					ransport	ation services.				
		(a) WITHIN FLORIDA T (Numerator)		ator) Rounded to Six Decimal If any factor in				(d) Weight If any factor in Column (b) is ze see note on Page 9 of the instruct			(e) Weighted Factors Rounded to Six Decimal Places
1. F	Property (Schedule III-B below)						X 25	% or			
	Payroll										
	Sales (Schedule III-C below)						X 50	% or			
4. A	apportionment fraction (Sum o	of Lines 1, 2, and 3, Colu	mn [e]). Enter here	and on	Schedule IV, Line	2.					
III-B	For use in computing avera	age value of property (u	use original cost).	a. Be	WITHIN I		End of year	TO c. Beginning of		RYWHERE d. End of year	
1. lı	nventories of raw material, wo	ork in process, finished g	oods								
2. E	Buildings and other depreciab	le assets									
3. L	and owned										
4. C	Other tangible and intangible (f	financial org. only) assets	(attach schedule)								
5. T	otal (Lines 1 through 4)										
а	verage value of property . Add Line 5, Columns (a) and . Add Line 5, Columns (c) and							6b			
а	Rented property (8 times net a . Rented property in Florida . Rented property Everywher	······		7a. <u> </u>				7b			
а	otal (Lines 6 and 7). Enter on . Enter Lines 6a. plus 7a. and Column (a) for total average . Enter Lines 6b. plus 7b. and Column (b) for total average	d also enter on Schedule e property in Florida d also enter on Schedule	III-A, Line 1,	8a. <u> </u>				8b			
III-C S	Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	тс	(b) DTAL EVERYWHERE (Denominator)	
1. S	Sales (gross receipts)						ı	N/A			
2. 8	Sales delivered or shipped to	Florida purchasers								N/A	
3. C	Other gross receipts (rents, ro	yalties, interest, etc. whe	en applicable)								
4. T	OTAL SALES (Enter on Sche	edule III-A, Line 3, Colum	nns [a] and [b])								
III-D	Special Apportionment Frac	ctions (see instructions)			(a) WITHIN FLO	RIDA	(b) TOTAL E	VERYWHERE	(c) FL(ORIDA Fraction ([a] ÷ [b]) nded to Six Decimal Places	
	nsurance companies (attach	copy of Schedule T-Ann	ual Report)								
2. T	ransportation services										
S	chedule IV — Con	nputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income				
1.	Apportionable adjusted fed	deral income from Page	1, Line 6					1.			
2.	Florida apportionment frac	tion (Schedule III-A, Line	e 4)					2.			
3.	Tentative apportioned adju	sted federal income (mu	Itiply Line 1 by Line	2)				3.			
4.	Net operating loss carryov	er apportioned to Florida	(attach schedule;	see instr	uctions)			4.			
5.	Net capital loss carryover a	apportioned to Florida (a	ttach schedule; see	instruct	ions)			5.			
6.	Excess charitable contribu	**			•	s)		6.			
7.	Employee benefit plan con	* ''	•		-			7.			
8.	Total carryovers apportion		· · · · · · · · · · · · · · · · · · ·		,2	/		8.			

9.

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

9.



NAME FEIN TAXABLE YEAR ENDING

ľ	NAIVIE	FEIN TAXABLE	YEAR ENDING
	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.
<u>3.</u>	4.	Community contribution tax credit (attach certification letter)	4. <u>3.</u>
<u>4.</u>	-5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5. <u>4.</u>
<u>5.</u>	-6.	Rural job tax credit (attach certification letter)	6. <u>5.</u>
<u>6.</u>	7.	Urban high-crime area job tax credit (attach certification letter)	7. <u>6.</u>
<u>7.</u>	-8.	Hazardous waste facility tax credit	8. <u>7.</u>
<u>8.</u>	-9.	Florida alternative minimum tax (AMT) credit	9. <u>8.</u>
<u>9.</u>	10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	-10. <u>9.</u>
<u>10.</u>	-11.	Child care tax credits	-11. <u>10.</u>
<u>11.</u>	-12.	State housing tax credit (attach certification letter)	12. <u>11.</u>
<u>12.</u>	13.	Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	13. <u>12.</u>
<u>13.</u>	14.	New worlds reading initiative credit (attach certificate)	14. <u>13.</u>
<u>14.</u>	-15.	Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	15. <u>14.</u>
<u>15.</u>	10.	Live local program credit (attach certificate)	16. <u>15.</u>
	17.	New markets tax credit 16. Rural Community Investment Program (attach final order)	17. <u>16.</u>
	18.	Research and development tax credit	18.
	19.	Experiential learning tax credit	19.
	20.	Credit for qualified railroad reconstruction or replacement expenditures	20.
	21.	Residential graywater system tax credit	21.
	22.	Credit for manufacturing of human breast milk derived human milk fortifiers	22.
	23.	Individuals with unique abilities tax credit program	23.
	24.	Other credits (attach schedule)	24.
	25.	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.

Sche	dule R — Nonbusiness Income				
Line 1.	Nonbusiness income (loss) allocated	d to Florida			
	<u>Type</u>			<u>Amount</u>	
	Total allocated to Florida(Enter here and on Page 1, Line 8)		1		
l ! a O		d ala auda ua			
Line 2.	Nonbusiness income (loss) allocated Type	State/country allocated to		<u>Amount</u>	
	Total allocated elsewhere		2		
Line 3.	Total nonbusiness income				
	Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II, Line 7)		3		



NAME FEIN TAXABLE YEAR ENDING

:	Estimated Tax Workshee	et For Taxable Years Beginning	On or After January 1, 202	25		
1. 2.	Florida income expected in ta Florida exemption \$50,000 (M	axable yearembers of a controlled group, see instruc	2026 ctions on Page 15 of	1.		
	Florida Form F-1120N)			2.	\$ 	
3.	Estimated Florida net income	e (Line 1 less Line 2)		3.	\$ 	
4.	Total Estimated Florida tax (5	5.5% of Line 3)	\$	_		
	Less: Credits against the tax	5.5% of Line 3)	\$	4.	\$ 	
5.	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				
		Last day of 6th month - Enter 0.25 of L				
		Last day of 9 th month - Enter 0.25 of L	ine 4 5c			
		Last day of taxable year - Enter 0.25 of	of Line 4 5d			
		nated tax should change during the year the amended amounts to be entered or				
1.			1	. \$		
۷.	Less:	from last year alasted for anodit				
	. ,	from last year elected for credit blied to date	20 ¢			
		nated tax declaration (Florida Form F-11				
	• •	(b)	,	\$		
3.		Line 2(c))				
1		vided by number of remaining installme				
•	to 20 para (Ento o art			· •		

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**.

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 Gredit 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.