Florida Corporate Income/Franchise Tax Return

F-1120
R. XX/XX ~~01/26~~
Rule 12C-1.051, F.A.C.
Effective XX/XX ~~01/26~~

Name
Address
City/State/ZIP

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

0 1 2 3 4 5 6 7 8 9 0123456789

Federal Employer Identification Number (FEIN)

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

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

DOR use only __ __ / __ __ / __ __

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 ☐	1.	
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative ☐	2.	
3. Additions to federal taxable income (from Schedule I)	Check here if negative ☐	3.	
4. Total of Lines 1, 2, and 3.	Check here if negative ☐	4.	
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative ☐	5.	
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative ☐	6.	
7. Florida portion of adjusted federal income (see instructions)	Check here if negative ☐	7.	
8. Nonbusiness income allocated to Florida (from Schedule R)	[redacted] if negative ☐	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.	
12. Credits against the tax (from Schedule V)		12.	
13. Total corporate income/franchise tax due (Line 11 minus Line 12).		13.	

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. XX/XX ~~01/26~~

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

YEAR ENDING M M D D Y Y

Return ~~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.**

	US DOLLARS	CENTS
Total amount due from Line 17		
Total credit from Line 18		
Total refund from Line 19		
FEIN Enter FEIN if not pre-addressed		

Enter name and address, if not pre-addressed:

Name
Address
City/St
ZIP

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. 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 .... 18. ___ , ___ , ___ . ___

19. Refund: Enter amount of overpayment to be **refunded** here.. 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	Date	Title	
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed	Preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	
			ZIP	

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 ________________

Save Time and Paperwork with Electronic Filing

You can file and pay your Florida corporate income tax return (Florida Form F-1120) electronically through the Internal Revenue Service's (IRS) Modernized e-File (MeF) Program using electronic transmitters approved by the IRS and the Florida Department of Revenue. The Department also has an online application for corporate income tax payments and filing Florida forms F-1120ES (*Declaration/Installment of Florida Estimated Income/Franchise Tax*) and F-7004 (*Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return*).

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

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. 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.~~
11. ~~12.~~ Other subtractions (attach schedule)	11. ~~12.~~
12. ~~13.~~ Total Lines 1 through 11. ~~12.~~ Enter total on this line and on Page 1, Line 5.	12. ~~13.~~

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 carryover 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

1.	Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2.	Capital investment tax credit (attach certification letter)	2.
3.	Community contribution tax credit (attach certification letter)	3.
4.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	4.
5.	Rural job tax credit (attach certification letter)	5.
6.	Urban high-crime area job tax credit (attach certification letter)	6.
7.	Hazardous waste facility tax credit	7.
8.	Florida alternative minimum tax (AMT) credit	8.
9.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	9.
10.	Child care tax credits	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. 16. ~~15.~~	Home Away From Home Tax Credit (credit for contributions to eligible charitable organizations) (attach certificate) Live local program credit (attach certificate)	15. 16. 15.
17. ~~16.~~	Rural Community Investment Program (attach final order)	17. ~~16.~~
~~17.~~	~~New markets 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.	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.

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida.. 1. ____________
(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

Total allocated elsewhere .... 2. ____________

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2.. 3. ____________
(Enter here and on Schedule II, Line 7)

NAME | FEIN | TAXABLE YEAR ENDING

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2027 ~~2026~~

1. Florida income expected in taxable year .... 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:

Last day of 5th month ~~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 6th month - Enter 0.25 of Line 4 .... 5b. ______

Last day of 9th 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).

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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-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.