FLORIDA DEPARTMENT OF REVENUE

Amended Florida Corporate Income/Franchise Tax Return

F-1120X
R. 01/13

Rule 12C-1.051
Florida Administrative Code
Effective 01/13

Name

Formerly known as (if applicable)

Address

City/State/ZIP

Reason for amended return:
☐ Amended federal return (attach copy)
☐ IRS audit adjustment (attach copy)
M M D D Y Y   Date of Revenue Agent Report (RAR)
☐ Other adjustment

Type of return being amended:
☐ F-1120   ☐ F-1120A   ☐ F-1120X

Use black ink. Example A - Handwritten Example B - Typed
0 1 2 3 4 5 6 7 8 9   0123456789

FEIN

For tax year:
Beginning Ending
M M D D Y Y   M M D D Y Y

Date last return filed: M M D D Y Y

Part I Fill in applicable items and use Part II to explain any changes.

	Check here if negative	A. As originally reported or as adjusted	Check here if negative	B. Correct amount (Attach amended schedules)
1. Federal taxable income	☐		☐	
2. State income taxes deducted in computing federal taxable income	☐		☐	
3. Additions to federal taxable income	☐		☐	
4. Total of Lines 1 through 3	☐		☐	
5. Subtractions from federal taxable income	☐		☐	
6. Adjusted federal income (Line 4 minus Line 5)	☐		☐	
7. Florida portion of adjusted federal income	☐		☐	
8. Nonbusiness income allocated to Florida	☐		☐	
9. Florida exemption				
10. Florida net income (Line 7 plus Line 8 minus Line 9)				

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(Continued on reverse side)

Florida Department of Revenue

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YEAR ENDING M M D D Y Y

Check here if you transmitted funds electronically ►

Name Address City/St/ZIP

	US DOLLARS	CENTS
Total amount due from Line 19		.
Total credit from Line 20		.
Total refund from Line 22		.
FEIN		

F-1120X

9100 0 99999999 0002005049 4 3999999999 0000 2

	A. As originally reported or as adjusted	**B.** Correct amount (Attach amended schedules)
11. Tax due ☐ Check here if paying FL AMT	___,___,___.__	___,___,___.__
12. Credits against the tax	___,___,___.__	___,___,___.__
13. Total income/franchise tax due	___,___,___.__	___,___,___.__
14. Penalty and interest (attach Florida Form F-2220 and/or schedule)	___,___,___.__	___,___,___.__
15. Total of Lines 13 and 14	___,___,___.__	___,___,___.__

16. a) Estimated payments _____   b) Tentative payment _____
    c) Tax paid with or after return _____   **Total ➤** ___,___,___.__

17. a) Credit _____   b) Refund _____
    if any shown on last return, or as later adjusted   **Total ➤** ___,___,___.__

18. Total payments (Line 16 minus Line 17)   ___,___,___.__

19. Total amount due or overpayment (Line 15 minus Line 18). Enter on payment coupon, also.   ___,___,___.__

20. Credit: Enter amount of overpayment credited to _____ estimated tax here and on payment coupon.   ___,___,___.__
    Year

21. Offset: Enter amount of overpayment to be offset.   ___,___,___.__

22. Refund: Enter amount of overpayment to be **refunded** here and on payment coupon.   ___,___,___.__

Contact person: _____   Telephone number: (_____) _____

Part II — Explanation of changes to income, deductions, credits, etc. Attach separate sheet if needed. To expedite processing, please indicate if this tax year has been previously audited by the Department; include the service notification (audit) number.

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 ➤

Paid preparer only	Preparer's signature ➤ Date	Preparer check if self-employed ☐	Preparer's Tax Identification Number (PTIN) ➤	
	Firm's name (or yours if self-employed) and address ➤	FEIN ➤		
		ZIP ➤		