

Florida Corporate Income/Franchise Tax Return

F-1120
R. 01/14

Rule 12C-1.051
Florida Administrative Code
Effective 01/14



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

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 1-5 of federal return | Check here if negative <input type="checkbox"/> | 1. | | |
| 2. State income taxes deducted in computing federal taxable income (attach schedule) | Check here if negative <input type="checkbox"/> | 2. | | |
| 3. Additions to federal taxable income (from Schedule I) | Check here if negative <input type="checkbox"/> | 3. | | |
| 4. Total of Lines 1, 2, and 3. | Check here if negative <input type="checkbox"/> | 4. | | |
| 5. Subtractions from federal taxable income (from Schedule II) | Check here if negative <input type="checkbox"/> | 5. | | |
| 6. Adjusted federal income (Line 4 minus Line 5) | Check here if negative <input type="checkbox"/> | 6. | | |
| 7. Florida portion of adjusted federal income (see instructions) | Check here if negative <input type="checkbox"/> | 7. | | |
| 8. Nonbusiness income allocated to Florida (from Schedule R) | Check here if negative <input type="checkbox"/> | 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 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI) | | 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.

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

YEAR ENDING

Return is due 1st day of the 4th month after close of the taxable year.

Check here if you transmitted funds electronically
Enter name and address, if not pre-addressed:

Name
Address
City/St/ZIP

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

F-1120



NAME

FEIN

TAXABLE YEAR ENDING

| Schedule I – Additions and/or Adjustments to Federal Taxable Income | | Column (a) For page 1 | Column (b) For Schedule VI, AMT |
|--|---|--------------------------|------------------------------------|
| 1. | Interest excluded from federal taxable income (see instructions) | 1. | 1. |
| 2. | Undistributed net long-term capital gains (see instructions) | 2. | 2. |
| 3. | Net operating loss deduction (attach schedule) | 3. | 3. |
| 4. | Net capital loss carryover (attach schedule) | 4. | 4. |
| 5. | Excess charitable contribution carryover (attach schedule) | 5. | 5. |
| 6. | Employee benefit plan contribution carryover (attach schedule) | 6. | 6. |
| 7. | Enterprise zone jobs credit (Florida Form F-1156Z) | 7. | 7. |
| 8. | Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z) | 8. | 8. |
| 9. | Guaranty association assessment(s) credit | 9. | 9. |
| 10. | Rural and/or urban high crime area job tax credits | 10. | 10. |
| 11. | State housing tax credit | 11. | 11. |
| 12. | Credit for contributions to nonprofit scholarship funding organizations | 12. | 12. |
| 13. | Renewable energy tax credits | 13. | 13. |
| 14. | s.179, IRC expense above \$128,000 | 14. | 14. |
| 15. | s.168(k), IRC special bonus depreciation | 15. | 15. |
| 16. | New markets tax credit | 16. | 16. |
| 17. | Entertainment industry tax credit | 17. | 17. |
| 18. | Research and Development tax credit | 18. | 18. |
| 19. | Energy Economic Zone tax credit | 19. | 19. |
| 20. | Other additions (attach statement) | 20. | 20. |
| 21. | Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3. | 21. | 21. |

| Schedule II – Subtractions from Federal Taxable Income | | Column (a) For page 1 | Column (b) For Schedule VI, AMT |
|--|--|--------------------------|------------------------------------|
| 1. | Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶ | 1. | 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. | 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. | 3. |
| 4. | Florida net capital loss carryover deduction (see instructions) | 4. | 4. |
| 5. | Florida excess charitable contribution carryover (see instructions) | 5. | 5. |
| 6. | Florida employee benefit plan contribution carryover (see instructions) | 6. | 6. |
| 7. | Nonbusiness income (from Schedule R, Line 3) | 7. | 7. |
| 8. | Eligible net income of an international banking facility (see instructions) | 8. | 8. |
| 9. | s.179, IRC expense (see instructions) | 9. | 9. |
| 10. | s. 168(k), IRC special bonus depreciation (see instructions) | 10. | 10. |
| 11. | Other subtractions (attach statement) | 11. | 11. |
| 12. | Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5 | 12. | 12. |



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 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. _____ | | | | | |
| b. Enter Lines 6 b. plus 7 b. 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

| | Column (a) Adjusted Federal Income | Column (b) Adjusted AMT Income |
|--|--|--------------------------------------|
| 1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b]) | 1. | 1. |
| 2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c]) | 2. | 2. |
| 3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2) | 3. | 3. |
| 4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions) | 4. | 4. |
| 5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions) | 5. | 5. |
| 6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions) | 6. | 6. |
| 7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. | 7. |
| 8. Total carryovers apportioned to Florida (add Lines 4 through 7) | 8. | 8. |
| 9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions) | 9. | 9. |



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Schedule V – Credits Against the Corporate Income/Franchise Tax

| | | |
|-----|--|-----|
| 1. | Florida health maintenance organization 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. |
| 4. | Community contribution tax credit (attach certification letter) | 4. |
| 5. | Enterprise zone property tax credit (from Florida Form F-1158Z attached) | 5. |
| 6. | Rural job tax credit (attach certification letter) | 6. |
| 7. | Urban high crime area job tax credit (attach certification letter) | 7. |
| 8. | Emergency excise tax (EET) credit (see instructions and attach schedule) | 8. |
| 9. | Hazardous waste facility tax credit | 9. |
| 10. | Florida alternative minimum tax (AMT) credit | 10. |
| 11. | Contaminated site rehabilitation tax credit (attach tax credit certificate) | 11. |
| 12. | Child care tax credits (attach certification letter) | 12. |
| 13. | State housing tax credit (attach certification letter) | 13. |
| 14. | Credit for contributions to nonprofit scholarship funding organizations (attach certificate) | 14. |
| 15. | Florida renewable energy technologies investment tax credit | 15. |
| 16. | Florida renewable energy production tax credit | 16. |
| 17. | New markets tax credit | 17. |
| 18. | Entertainment industry tax credit | 18. |
| 19. | Jobs for the unemployed tax credit | 19. |
| 20. | Research and Development tax credit | 20. |
| 21. | Energy Economic Zone tax credit | 21. |
| 22. | Other credits (attach schedule) | 22. |
| 23. | Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12 | 23. |

Schedule VI – Computation of Florida Alternative Minimum Tax (AMT)

| | | |
|-----|---|-----|
| 1. | Federal alternative minimum taxable income after exemption (attach federal Form 4626) | 1. |
| 2. | State income taxes deducted in computing federal taxable income (attach schedule) | 2. |
| 3. | Additions to federal taxable income (from Schedule I, Column [b]) | 3. |
| 4. | Total of Lines 1 through 3 | 4. |
| 5. | Subtractions from federal taxable income (from Schedule II, Column [b]) | 5. |
| 6. | Adjusted federal alternative minimum taxable income (Line 4 minus Line 5) | 6. |
| 7. | Florida portion of adjusted federal income (see instructions) | 7. |
| 8. | Nonbusiness income allocated to Florida (see instructions) | 8. |
| 9. | Florida exemption | 9. |
| 10. | Florida net income (Line 7 plus Line 8 minus Line 9) | 10. |
| 11. | Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11 | 11. |



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TAXABLE YEAR ENDING

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type

Amount

Total allocated to Florida
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

1. _____

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
(Enter here and on Schedule II, Line 7)

3. _____

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

- 1. Florida income expected in taxable year 1. \$ _____
- 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 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. \$ _____

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

- Payment due dates and payment amounts:
- Last day of 4th 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 fiscal 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. \$ _____

If you change your business name, location address, or mailing address, complete the Change of Address or Business Name coupon below and mail it with your current tax return.

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:
Florida Department of Revenue
5050 W Tennessee St
Tallahassee FL 32399-0100

F-1120

Signature of Officer (Required)

Date

**CHANGE
IN
New
Location
Address**

FEIN of entity -

Business location _____

City _____ State _____ ZIP _____

Business telephone (____) _____ County _____

In care of _____

**New
Mailing
Address**

Mailing address _____

City _____ State _____ ZIP _____

Owner's telephone (____) _____ County _____

**New
Business
Name
New
Corporation
Name**

DBA _____

