



Amended Florida Corporate Income/Franchise Tax Return

F-1120X R. 01/16

Rule 12C-1.051 Florida Administrative Code Effective 01/16



Name, Formerly known as, Address, City/State/ZIP

Reason for amended return: Amended federal return, IRS audit adjustment, Other adjustment. Type of return being amended: F-1120, F-1120A, F-1120X

FEIN, For tax year, Date last return filed

Table with 10 rows (Federal taxable income to Florida net income) and 2 columns (As originally reported or as adjusted, Correct amount). Includes 'Check here if negative' checkboxes.

(Continued on reverse side)

Florida Department of Revenue Amended Florida Corporate Income/Franchise Tax Return

F-1120X R. 01/16

YEAR ENDING MMDDYY, Check here if you transmitted funds electronically, Name Address City/ST/ZIP

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 <input type="checkbox"/> Check here if paying FL AMT	<input type="text"/>	<input type="text"/>
12. Credits against the tax	<input type="text"/>	<input type="text"/>
13. Total corporate income/franchise tax due	<input type="text"/>	<input type="text"/>
14. Penalty and interest (attach Florida Form F-2220 and/or schedule)	<input type="text"/>	<input type="text"/>
15. Total of Lines 13 and 14	<input type="text"/>	<input type="text"/>
16. a) Estimated payments _____ c) Tax paid with or after return _____	b) Tentative payment _____	Total > <input type="text"/>
17. a) Credit _____ if any shown on last return, or as later adjusted	b) Refund _____	
18. Total payments (Line 16 minus Line 17)		<input type="text"/>
19. Total amount due or overpayment (Line 15 minus Line 18). Enter on payment coupon, also.		<input type="text"/>
20. Credit: Enter amount of overpayment credited to _____ estimated tax here and on payment coupon. <small>Year</small>		<input type="text"/>
21. Offset: Enter amount of overpayment to be offset.		<input type="text"/>
22. Refund: Enter amount of overpayment to be refunded here and on payment coupon.		<input type="text"/>

Contact person: _____ Telephone number: (_____) _____

Contact person email address: _____

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
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/> Preparer's Tax Identification Number (PTIN) <input type="text"/>
Paid preparer only	Firm's name (or yours if self-employed) and address	FEIN	<input type="text"/>
		ZIP	<input type="text"/>

This return is considered incomplete unless a copy of the federal return is attached. A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.