

# Florida Corporate Income/Franchise and Emergency Excise Tax Return



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

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

Check here if you do **not** want DOR to send you a form next year. (\*see back of payment coupon)

**DOR use only**      /   /

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

0 1 2 3 4 5 6 7 8 9    0 1 2 3 4 5 6 7 8 9

For calendar year 2004 or tax year beginning \_\_\_\_\_, 2004 ending \_\_\_\_\_ Year end date \_\_\_\_\_

FEIN

## Computation of Florida Net Income and Emergency Excise Tax

		US Dollars		Cents
1. Federal taxable income (see instructions). <b>Attach pages 1-4 of federal return</b> .....	Check here if negative <input type="checkbox"/>	1.	<input type="text"/>	<input type="text"/>
2. State income taxes deducted in computing federal taxable income (attach schedule) .....	Check here if negative <input type="checkbox"/>	2.	<input type="text"/>	<input type="text"/>
3. Additions to federal taxable income (from Schedule I) .....	Check here if negative <input type="checkbox"/>	3.	<input type="text"/>	<input type="text"/>
4. Total of Lines 1, 2, and 3. ....	Check here if negative <input type="checkbox"/>	4.	<input type="text"/>	<input type="text"/>
5. Subtractions from federal taxable income (from Schedule II) .....	Check here if negative <input type="checkbox"/>	5.	<input type="text"/>	<input type="text"/>
6. Adjusted federal income (Line 4 minus Line 5) .....	Check here if negative <input type="checkbox"/>	6.	<input type="text"/>	<input type="text"/>
7. Florida portion of adjusted federal income (see instructions) .....	Check here if negative <input type="checkbox"/>	7.	<input type="text"/>	<input type="text"/>
8. Nonbusiness income allocated to Florida (from Schedule R) .....	Check here if negative <input type="checkbox"/>	8.	<input type="text"/>	<input type="text"/>
9. <b>Florida exemption</b> .....		9.	<input type="text"/>	<input type="text"/>
10. Florida net income (Line 7 plus Line 8 minus Line 9) .....		10.	<input type="text"/>	<input type="text"/>
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI). ....		11.	<input type="text"/>	<input type="text"/>
12. Credits against the tax (from Schedule V, Line 16) .....		12.	<input type="text"/>	<input type="text"/>
13. Emergency excise tax due (from Schedule A, Line 20) .....		13.	<input type="text"/>	<input type="text"/>
14. Total corporate income/franchise and emergency excise tax due (see instructions). ....		14.	<input type="text"/>	<input type="text"/>
15. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____ Line 15 Total ▶		15.	<input type="text"/>	<input type="text"/>

## Payment Coupon 2004 Florida Corporate Income Tax Return

**Do Not Detach Coupon**

F-1120  
R. 01/05

To ensure proper credit to your account, attach your check to **this** payment coupon and mail with tax return.

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

YEAR ENDING    M M D D Y Y

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 18	<input type="text"/>	<input type="text"/>
Total credit from Line 19	<input type="text"/>	<input type="text"/>
Total refund from Line 20	<input type="text"/>	<input type="text"/>
FEIN <small>Enter FEIN if not pre-addressed</small>	<input type="text"/>	<input type="text"/>

# F-1120





NAME \_\_\_\_\_ FEIN \_\_\_\_\_ TAXABLE YEAR ENDING \_\_\_\_\_

**Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)**

1. Total depreciation expense deducted on federal Form 1120	1.
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positive number)	3.
4. Subtract Line 3 from Line 2 and enter here <b>Note:</b> If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6. Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7. All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.
9. Multiply Line 8 by .40 (40%) and enter here	9.
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
11. Multiply Line 9 by Line 10 and enter here	11.
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.
13. Add Lines 11 and 12 and enter here	13.
14. <b>Loss</b> shown on Line 4. <b>Note:</b> If Line 4 does <b>not</b> show a loss, enter 0	14.
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.
17. Multiply Line 16 by 2.5 ( <b>not 2.5 %</b> ) and enter here. <b>Note:</b> If Line 16 shows a loss, enter 0	17.
18. Total tax due (2.2% of Line 17)	18.
19. (a) Emergency excise tax credit: _____ (b) Emergency excise tax credit carryover: _____ (attach schedule) Total ►	19.
20. Balance of tax due (enter on Page 1, Line 13)	20.

**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, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	3.
4. Enterprise zone jobs credit	4.	4.
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5.
6. Guaranty association assessment(s) credit	6.	6.
7. Rural and/or urban high crime area job tax credits	7.	7.
8. State housing tax credit	8.	8.
9. Credit for contributions to nonprofit scholarship funding organizations	9.	9.
10. Other additions (attach statement)	10.	10.
11. Total Lines 1 through 10 in Columns (a) and (b). Enter totals for each column on Line 11. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	11.	11.



NAME \_\_\_\_\_ FEIN \_\_\_\_\_ TAXABLE YEAR ENDING \_\_\_\_\_

<b>Schedule II — Subtractions from Federal Taxable Income</b>		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ►		1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►		2.	2.
<b>Note:</b> Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of 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 and/or employee benefit plan contribution carryover (see instructions)		5.	5.
6. Nonbusiness income (from Schedule R, Line 3)		6.	6.
7. Eligible net income of an international banking facility (see instructions)		7.	7.
8. Other subtractions (attach statement)		8.	8.
9. Total Lines 1 through 8 in Columns (a) and (b). Enter totals for each column on Line 9. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.		9.	9.

**Schedule III — Apportionment of Adjusted Federal Income**

<b>III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimals	(d) Weight If any factor in Column (b) is zero, see note on Page 11 of the instructions.	(e) Weighted Factors Rounded to Six Decimals
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.					
<b>III-B For use in computing average value of property. (Use original cost)</b>	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	a. Beginning of year	b. 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 [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)] .....					
7. Rented property (8 times net annual rent) .....					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b) .....					
	Average Florida			Average Everywhere	
<b>III-C Sales Factor</b>	TOTAL WITHIN FLORIDA (Omit cents)		TOTAL EVERYWHERE (Omit cents)		
1. Sales (gross receipts)					
2. Sales delivered or shipped to Florida purchasers					
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]					
<b>III-D Special Apportionment Fractions</b> (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimals		
1. Insurance companies (attach copy of Schedule T—Annual Report)					
2. Transportation services					



NAME \_\_\_\_\_ FEIN \_\_\_\_\_ TAXABLE YEAR ENDING \_\_\_\_\_

**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 apportionment adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4.	4.
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5.	5.

**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 Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from 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	14.
15. Other credits (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16.

**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.



NAME \_\_\_\_\_ FEIN \_\_\_\_\_ TAXABLE YEAR ENDING \_\_\_\_\_

**Schedule R — Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida .....	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Line 2. 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 6)

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2005**

1. Florida income expected in taxable year ..... 1. \$ \_\_\_\_\_
  2. Florida exemption \$5,000 (Members of a controlled group, see instructions on page 17 of 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. Estimated emergency excise tax ..... 5. \$ \_\_\_\_\_
  6. Total corporate and emergency excise tax (Line 4 plus Line 5) ..... 6. \$ \_\_\_\_\_
- If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.

7. Computation of installments:

Payment due dates and payment amounts:	1 <sup>st</sup> day of 5 <sup>th</sup> month - Enter 0.25 of Line 6 .....	7a. _____
	1 <sup>st</sup> day of 7 <sup>th</sup> month - Enter 0.25 of Line 6 .....	7b. _____
	1 <sup>st</sup> day of 10 <sup>th</sup> month - Enter 0.25 of Line 6 .....	7c. _____
	1 <sup>st</sup> day after close of fiscal year - Enter 0.25 of Line 6 .....	7d. _____

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 (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 (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. \$ \_\_\_\_\_

**Florida Tentative Income / Franchise and/or Emergency Excise Tax  
 Return and Application for Extension of Time to File Return**

You must write within the boxes.

(example) 

0	1	2	3	4	5	6	7	8	9
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If typing, type through the boxes.

(example) 

0	1	2	3	4	5	6	7	8	9
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Write your numbers as shown and enter one number per box.

**F-7004**

FEIN

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Name  
 Address  
 City/St/ZIP

Taxable year end:

Corporation Partnership

M	M	D	D	Y	Y
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FILING STATUS  
 (Mark "X" in one box only)

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Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you transmitted funds electronically

0100 0 20049999 0002005030 1 3999999999 0000 2

**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**

FEIN of entity 

		-							
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CHANGE IN New Location Address

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 \_\_\_\_\_

\_\_\_\_\_

Signature of Officer (Required) \_\_\_\_\_ Date \_\_\_\_\_

0100 0 20049999 0002005999 3 3999999999 0000 2

**Declaration/Installment of Florida Estimated Income/Franchise and/or  
 Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2005**

Installment # \_\_\_\_\_

You must write within the boxes.

(example) 

0	1	2	3	4	5	6	7	8	9
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If typing, type through the boxes.

(example) 

0	1	2	3	4	5	6	7	8	9
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Write your numbers as shown and enter one number per box.

**F-1120ES**

FEIN

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Taxable year end

M	M	D	D	Y	Y
---	---	---	---	---	---

Name  
 Address  
 City/St/ZIP

**Estimated tax payment**

(See reverse side)

US DOLLARS								CENTS

Check here if you transmitted funds electronically

Office use only 

M	M	D	D	Y	Y
---	---	---	---	---	---

0100 0 20059999 0002005033 5 3999999999 0000 2



**Declaration/Installment of Florida Estimated Income/Franchise and/or  
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2005**

Installment # \_\_\_\_\_

You must write within the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

  
Write your numbers as shown and enter one number per box.

If typing, type through the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

# F-1120ES

Name  
Address  
City/St/ZIP

FEIN 

--	--	--	--	--	--	--	--	--	--

  
Taxable year end 

M	M	D	D	Y	Y
---	---	---	---	---	---

**Estimated tax payment**

(See reverse side)  
US DOLLARS 

--	--	--	--	--	--	--	--	--	--

 CENTS 

--	--

  
Office use only 

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted funds electronically

Make checks payable and mail to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0135

0100 0 20059999 0002005033 5 3999999999 0000 2

**Declaration/Installment of Florida Estimated Income/Franchise and/or  
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2005**

Installment # \_\_\_\_\_

You must write within the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
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Write your numbers as shown and enter one number per box.

If typing, type through the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

# F-1120ES

Name  
Address  
City/St/ZIP

FEIN 

--	--	--	--	--	--	--	--	--	--

  
Taxable year end 

M	M	D	D	Y	Y
---	---	---	---	---	---

**Estimated tax payment**

(See reverse side)  
US DOLLARS 

--	--	--	--	--	--	--	--	--	--

 CENTS 

--	--

  
Office use only 

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted funds electronically

Make checks payable and mail to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0135

0100 0 20059999 0002005033 5 3999999999 0000 2

**Declaration/Installment of Florida Estimated Income/Franchise and/or  
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2005**

Installment # \_\_\_\_\_

You must write within the boxes. (example) 

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

  
Write your numbers as shown and enter one number per box.

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0	1	2	3	4	5	6	7	8	9
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# F-1120ES

Name  
Address  
City/St/ZIP

FEIN 

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Taxable year end 

M	M	D	D	Y	Y
---	---	---	---	---	---

**Estimated tax payment**

(See reverse side)  
US DOLLARS 

--	--	--	--	--	--	--	--	--	--

 CENTS 

--	--

  
Office use only 

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted funds electronically

Make checks payable and mail to:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0135

0100 0 20059999 0002005033 5 3999999999 0000 2

## Information for Filing Form F-1120ES

F-1120ES  
R. 01/05

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
- 2. Due Date** — Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following taxable year; 25 percent of the estimated tax must be paid with each installment.
- 3. Amended Declaration** — To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.
- 4. Interest and Penalties** — Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount in Line 3 to **Estimated tax payment** box on front.

Contact person for questions \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

## Information for Filing Form F-1120ES

F-1120ES  
R. 01/05

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
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Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount in Line 3 to **Estimated tax payment** box on front.

Contact person for questions \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

## Information for Filing Form F-1120ES

F-1120ES  
R. 01/05

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
- 2. Due Date** — Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following taxable year; 25 percent of the estimated tax must be paid with each installment.
- 3. Amended Declaration** — To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.
- 4. Interest and Penalties** — Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount in Line 3 to **Estimated tax payment** box on front.

Contact person for questions \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_