Florida Corporate Income/Franchise Tax Return

R. 01/23 Rule 12C-1.051, F.A.C. Effective 01/23

				Name Addre	ess	e/ZIP									age 1	
0	Use black ink. Example A - Handwritten Example B - Typed For calendar year beginning ending		x year				eck he		-	hang	jes ha	ve be	en ma	ade to		7
F	Year end date ederal Employer Identification Number (FEIN)					OR on					1		7			
	Computation of Florida Net Income Tax		<u> </u>					S Dol	lars						Cei	nts
1.	Federal taxable income (see instructions). Check	here	- 										ı			
2.	Attach pages 1–6 of federal return if negative state income taxes deducted in computing federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) if negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of the federal taxable income (attach schedule) is negative frequents of th	here] 1] _{2.}	」 □							ـــــــــــــــــــــــــــــــــــــ			•		
3.	Additions to federal taxable income (from Schedule I) Check if negative if negative if negative income (from Schedule I)	here	3.											•		
4.	Total of Lines 1, 2, and 3	here ative	4.][,												
5.	Subtractions from federal taxable income (from Schedule II) Check if negative income (from Schedule II)		5.					,			,					
6.	Adjusted federal income (Line 4 minus Line 5)		6.								لكإل					
7.	Florida portion of adjusted federal income (see instructions)	Check if neg		7.												
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check if neg		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 To ensure proper credit to your account, enclose YEAR ENDING M M D D Y Y If 6/30 year end, return otherwise return is due otherwise return is due	e your <mark>n is d</mark> u	check ue 1st (with	tax the	ret	urn v mor	wher oth a er th	n ma	ailin the ose	clos	e of			R. 0 ole year.	1120 1/23 ear,
			amount m Line 1													
	Enter name and address, if not pre-addressed:	То	tal credi n Line 1	t										•		
	Name Address		tal refun m Line 1													
	City/St ZIP	Enter FEIN	FEIN I if not pre-ad	dressed												
		H	-	1			2								Γ	_



14. a	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. F	Payment credits: Estimated	I tax payments 16a	\$									-		
	Tentative	tax payment 16b	\$		16.									
	Total amount due: Subtract L			unt			′							
	due here. If the amount is ne enter on Line 18 and/or Line		17											
	enter on Line 16 and/or Line Credit: Enter amount of ove		17.		<u>_</u>					•				
	nere		18											
	1010							- I				•		
19. F	Refund: Enter amount of ov	erpayment to be refu	ınded here		19.		,							
	Th If your return is not sign			subject to a pena	alty. The state	ute of limitati			rt until <u>y</u>	your ret	urn			
		ury, I declare that I have exa	mined this return, including	accompanying sch	nedules and st	atements, and	to the be	st of my	knowled	lge and b	elief, it i	s true,	correc	ot,
0			, ., . ,			,3490.								
Sign here	Signature of officer (must be	an original signature)	Date		Title									
		- arr original orginatoroy	Duto		Preparer	Prepa	rer's							_
Paid	Preparer's signature		Date		check if self- employed	PTIN								
preparers only			Date											+
Offig	Firm's name (or yours if self-employed) and address				FEIN ZIP									\perp
		Il Taxpayers Must												_
B. Flo C. Flo D F. AF G-1. Co Where Make che Floi 505 Tall If you are Floi	orida Secretary of State document nu	s no federal return filed) retains to Florida) illed? YES no filed? YES	If yes, attach list.	G-3. The feed H. Location City: I. Taxpay J. Enter of a) List y K. Contact a) Cont b) Cont L. Type of	om federal cor of corporation: deral common p on of corporate er is a membe late of latest IF years examine the person conce tact person en federal return Make y Depart Write y	olidated return solidated returning this return solidated solid	artnership Artner	by, or pay	e to t	orida? Y	ZIP:		<u> </u>	
_	ahassee FL 32314-6440													
				√	Attach	а сору	of yo	ur fe	deral	retui	rn.			
				\checkmark	Attach	а сору	of yo	ur Fl	orida	Forn	n F-7	004		

(extension of time) if applicable.



10. Depreciation of qualified improvement property (see instructions)11. Film, television, and live theatrical production expenses (see instructions)

13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.

12. Other subtractions (attach schedule)

NAME	FEI	IN	TAXABLE YEAR ENDING
Schedule	— Additions and/or Adjustments to Federal Taxable Ir	ncome	
	luded from federal taxable income (see instructions)		1.
	ed net long-term capital gains (see instructions)		2.
	ng loss deduction (attach schedule)		3.
	loss carryover (attach schedule)		4.
5. Excess ch	ritable contribution carryover (attach schedule)		5.
6. Employee	enefit plan contribution carryover (attach schedule)		6.
7. Enterprise	one jobs credit (Florida Form F-1156Z)		7.
8. Ad valore	taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)		8.
9. Guaranty	ssociation assessment(s) credit		9.
10. Rural and	r urban high-crime area job tax credits		10.
11. State hou	ng tax credit		11.
12. Florida ta	credit scholarship program credit (credit for contributions to nonprofit scholarship-fundin	g organizations)	12.
13. New world	reading initiative credit		13.
14. Strong far	lies tax credit (credit for contributions to eligible charitable organizations)		14.
15. New mark	s tax credit		15.
16. Entertainn	ent industry tax credit		16.
17. Research	nd development tax credit		17.
18. Energy ed	nomic zone tax credit		18.
19. s.168(k), I	C, special bonus depreciation		19.
20. Depreciat	n of qualified improvement property (see instructions)		20.
21. Expenses	or business meals provided by a restaurant (see instructions)		21.
22. Film, telev	ion, and live theatrical production expenses (see instructions)		22.
23. Internship	ax credit		23.
24. Other add	ons (attach schedule)		24.
	1 through 24. Enter total on this line and on Page 1, Line 3.		25.
Schedul	II — Subtractions from Federal Taxable Income		
	n source income less attributable expenses		
. ,	78, IRC, income \$ 62, IRC, dividends \$		
. , .	51A, IRC, income \$		1.
(d) less di	ct and indirect expenses		
	ed amounts deducted 250, IRC \$	Total	
2 Gross sub	art F income less attributable expenses		
	351, IRC, subpart F income \$		2.
(b) less di	ct and indirect expenses \$	Total -	
	doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule	e IV.	3.
	operating loss carryover deduction (see instructions) capital loss carryover deduction (see instructions)		4.
			5.
	ess charitable contribution carryover (see instructions)		6.
	loyee benefit plan contribution carryover (see instructions)		
	s income (from Schedule R, Line 3)		7.
	income of an international banking facility (see instructions)		8.
9. s. 168(k),	C, special bonus depreciation (see instructions)		9.

10.

11.

12.

13.



Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)

NAME FEIN TAXABLE YEAR ENDING

III-A For use by taxpayers doing			providi		ransport	ation services.				
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYW (Denominate		(c) Col. (a) ÷ Co Rounded to Six Places			(d) Weight in Column (b) is ze ge 9 of the instruc		(e) Weighted Factors Rounded to Six Decimal Places	
Property (Schedule III-B below)						X 25	i% or			
2. Payroll						X 25	i% or			
3. Sales (Schedule III-C below)						X 50	1% or			
4. Apportionment fraction (Sum	of Lines 1, 2, and 3, Colu	ımn [e]). Enter here	and on	Schedule IV, Line	2.					
III-B For use in computing avera	age value of property (ι	use original cost).	a. Be	WITHIN F		End of year	C. Beginning of		RYWHERE d. End of year	
Inventories of raw material, wo	ork in process, finished g	joods				-				
2. Buildings and other depreciab	le assets									
3. Land owned										
4. Other tangible and intangible (f	financial org. only) assets	(attach schedule)								
5. Total (Lines 1 through 4)										
Average value of property a. Add Line 5, Columns (a) and b. Add Line 5, Columns (c) and	d (b) and divide by 2 (for d (d) and divide by 2 (for	within Florida) total Everywhere)	6a				6b.			
 Rented property (8 times net a a. Rented property in Florida b. Rented property Everywher 	······································						7b			
Total (Lines 6 and 7). Enter on a. Enter Lines 6a. plus 7a. and Column (a) for total average b. Enter Lines 6b. plus 7b. and Column (b) for total average	d also enter on Schedule e property in Floridad d also enter on Schedule	III-A, Line 1,	8a						(4-)	
III-C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	T	(b) OTAL EVERYWHERE (Denominator)	
Sales (gross receipts)						N	J/A			
Sales delivered or shipped to	· · · · · · · · · · · · · · · · · · ·								N/A	
3. Other gross receipts (rents, ro	<u> </u>									
4. TOTAL SALES (Enter on Scher	dule III-A, Line 3, Columi	ns [a] and [b])								
III-D Special Apportionment Frac				(a) WITHIN FLOR	RIDA	(b) TOTAL E	VERYWHERE	(c) FL	ORIDA Fraction ([a] ÷ [b]) Inded to Six Decimal Places	
Insurance companies (attach of the companies)	copy of Schedule T-Ann	ual Report)								
Transportation services										
Schedule IV — Con	nputation of Flo	orida Portio	n of A	Adjusted Fe	ederal	Income				
Apportionable adjusted fee	deral income from Page	1, Line 6					1.			
Florida apportionment frac	Florida apportionment fraction (Schedule III-A, Line 4)				2.					
Tentative apportioned adju	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2) 3.					3.				
Net operating loss carryov	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.						
Excess charitable contribu						6.				
7. Employee benefit plan con	* ''	•					7.			
Total carryovers apportion		,		,	-/		8.			
Adjusted federal income a			e instru	ctions)			9.			



NAME FEIN TAXABLE YEAR ENDING

INAIVIL	I LIIV IAAAD	LL TLAN LINDING
Sc	hedule 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.	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.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	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.	New markets tax credit	15.
16.	Entertainment industry tax credit	16.
17.	Research and development tax credit	17.
18.	Energy economic zone tax credit	18.
19.	Internship tax credit	19.
20.	Other credits (attach schedule)	20.
21.	Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Sche	edule R — Nonbusiness Income			
Line 1.	Nonbusiness income (loss) alloca Type	Amount	:	
	Total allocated to Florida(Enter here and on Page 1, Line 8)		1	
Line 2.	Nonbusiness income (loss) alloca	ated elsewhere State/country allocated to	Amount	<u>t</u>
	Total allocated elsewhere		2	
Line 3.	Total nonbusiness income		<u> </u>	
	Grand total. Total of Lines 1 and 2		3	



NAME FEIN TAXABLE YEAR ENDING

	Estimated Tax Workshe	eet For Taxable Years Beginning	g On or After January 1, 2023			
1. 2. 3. 4.	Florida income expected in taxable year Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 15 of Florida Form F-1120N) Estimated Florida net income (Line 1 less Line 2)			1. 2. 3.	\$ \$	_
5.	Computation of installments	s:				
	Payment due dates and payment amounts:	If 6/30 year end, last day of 4th mont otherwise last day of 5th month - Ent Last day of 6 th month - Enter 0.25 of Last day of 9 th month - Enter 0.25 of Last day of taxable year - Enter 0.25	ter 0.25 of Line 4 5a Line 4 5b Line 4 5c			
		mated tax should change during the yea e the amended amounts to be entered o				
1. 2. 3. 4.	Less: (a) Amount of overpaymento estimated tax and aprile (b) Payments made on estimated to the control of Lines 2(a) and 2 Unpaid balance (Line 1 less)	nt from last year elected for credit oplied to date mated tax declaration (Florida Form F-1: 2(b) Line 2(c)) livided by number of remaining installme	2a \$ 120ES)2b \$ 2c. 3	\$ \$		

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-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	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.