# Florida Corporate Income/Franchise and Emergency Excise Tax Return

## Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions).
   
   Attach pages 1-4 of federal return

2. State income taxes deducted in computing federal taxable income (attach schedule)

3. Additions to federal taxable income (from Schedule I)

4. Total of Lines 1, 2, and 3.

5. Subtractions from federal taxable income (from Schedule II)

6. Adjusted federal income (Line 4 minus Line 5)

7. Florida portion of adjusted federal income (see instructions)

8. Nonbusiness income allocated to Florida (from Schedule R)

9. Florida exemption

10. Florida net income (Line 7 plus Line 8 minus Line 9)

11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).

12. Credits against the tax (from Schedule V, Line 16)

13. Emergency excise tax due (from Schedule A, Line 20)

14. Total corporate income/franchise and emergency excise tax due (see instructions).

## Payment Coupon 2005 Florida Corporate Income Tax Return

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

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

### Payment Details

- **Year Ending**: 01 06
- **Total amount due from Line 18**: 0
- **Total credit from Line 19**: 0
- **Total refund from Line 20**: 0
- **FEIN**: Enter FEIN if not pre-addressed
15.  a) Penalty: F-2220 ________________  b) Other _________________
c) Interest: F-2220 _______________  d) Other _________________
Line 15 Total ➤
16.  Total of Lines 14 and 15 ......................................................................................................
17. Payment credits:  Estimated tax payments 17a $
                               Tentative tax payment 17b $
If there is an overpayment, enter on Line 19 and/or Line 20. ...............................................
19.  Credit:  Enter amount of overpayment credited to next year’s estimated tax here and on payment coupon  ............................................................................................
20.  Refund:  Enter amount of overpayment to be refunded here and on payment coupon ......

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.

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.

Preparer’s signature
Date
Preparer’s SSN or PTIN
Preparer’s FEIN
Preparer’s ZIP

All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate — See Instructions

A. State of incorporation: ____________________________________________________________
B. Florida Secretary of State document number: _______________________________________
C. Florida consolidated return? YES ☐ NO ☐
D. Initial return ☐ Final return (final federal return filed) ☐
E. Taxpayer election s. 220.03(5), F.S. General Rule ☐ Election A ☐ Election B
F. Principal Business Activity Code (as pertains to Florida)
G. A Florida extension of time was timely filed? YES ☐ NO ☐ If yes, attach copy of Florida Form F-7004.
H-1. Corporation is a member of a controlled group? YES ☐ NO ☐ If yes, attach list.
H-2. Part of a federal consolidated return? YES ☐ NO ☐ If yes, provide:
FEIN from federal consolidated return: _________________________________________________
Name of corporation: _______________________________________________________________
H-3. The federal common parent has sales, property or payroll in Florida? YES ☐ NO ☐
I. Location of corporate books: _____________________________________________________
J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☐
K. Enter date of latest IRS audit __________________ List years examined _____________
L. Contact person and telephone for questions concerning this return: _____________________
M. Type of federal return filed 1120 1120A 1120S or __________________

* Do you want a personalized package?  
If you use purchased software to prepare and file your return and do not want us to send you a preprinted forms package next year, check the box in the upper right-hand corner of Page 1.  
Note: Even if you check the box indicating that you do not want a package, you still may receive one last package next year as we capture and phase in your request.

Where to Send Payments and Returns
Make check payable to and send with return to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

If you are requesting a refund (Line 20), send your return to:
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6440
TALLAHASSEE FL 32314-6440

Don’t forget:
✓ Make your check payable to the Florida Department of Revenue.
✓ Write your FEI Number on your check.
✓ Sign your check and return.
✓ Attach a copy of your federal return.
✓ Attach a copy of your Form F-7004 (extension of time) if applicable.
### 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
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)
3. Loss carry forward (Enter the loss as a positive number)
4. Subtract Line 3 from Line 2 and enter here
   **Note:** If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86
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)
7. All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here
9. Multiply Line 8 by .40 (40%) and enter here
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)
11. Multiply Line 9 by Line 10 and enter here
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
13. Add Lines 11 and 12 and enter here
14. **Loss** shown on Line 4. **Note:** If Line 4 does not show a loss, enter 0
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
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here
17. Multiply Line 16 by 2.5 (not 2.5 %) and enter here. **Note:** If Line 16 shows a loss, enter 0
18. Total tax due (2.2% of Line 17)
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total
20. Balance of tax due (enter on Page 1, Line 13)

### Schedule I — Additions and/or Adjustments to Federal Taxable Income

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Column (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For page 1</td>
<td>For Schedule VI, AMT</td>
</tr>
</tbody>
</table>

1. Interest excluded from federal taxable income (see instructions)
2. Undistributed net long-term capital gains (see instructions)
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)
4. Enterprise zone jobs credit (Form F-1156Z)
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)
6. Guaranty association assessment(s) credit
7. Rural and/or urban high crime area job tax credits
8. State housing tax credit
9. Credit for contributions to nonprofit scholarship funding organizations
10. Other additions (attach statement)
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.
**Schedule II — Subtractions from Federal Taxable Income**

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Column (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For page 1</td>
<td>For Schedule VI, AMT</td>
</tr>
</tbody>
</table>

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.

**Note:** 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**

**III-A** For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.

<table>
<thead>
<tr>
<th>(a) WITHIN FLORIDA</th>
<th>(b) TOTAL EVERYWHERE</th>
<th>(c) Col. (a) ÷ Col. (b) Rounded to Six Decimals</th>
<th>(d) Weight</th>
<th>(e) Weighted Factors Rounded to Six Decimals</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
</table>

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)...

<table>
<thead>
<tr>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Florida</td>
<td>Average Everywhere</td>
</tr>
</tbody>
</table>

**III-C Sales Factor**

<table>
<thead>
<tr>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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)]

**III-D Special Apportionment Fractions** (see instructions)

<table>
<thead>
<tr>
<th>(a) WITHIN FLORIDA</th>
<th>(b) TOTAL EVERYWHERE</th>
<th>(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimals</th>
</tr>
</thead>
</table>
1. Insurance companies (attach copy of Schedule T–Annual Report)
2. Transportation services
### Schedule IV — Computation of Florida Portion of Adjusted Federal Income

<table>
<thead>
<tr>
<th>Column (a): ADJUSTED FEDERAL INCOME</th>
<th>Column (b): ADJUSTED AMT INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apportionable adjusted federal income from Page 1, Line 6 or Line 6, Schedule VI for AMT in Col. (b)]</td>
<td>1.</td>
</tr>
<tr>
<td>2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]</td>
<td>2.</td>
</tr>
<tr>
<td>3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)</td>
<td>3.</td>
</tr>
<tr>
<td>4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)</td>
<td>4.</td>
</tr>
<tr>
<td>5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)</td>
<td>5.</td>
</tr>
</tbody>
</table>

### Schedule V — Credits Against the Corporate Income/Franchise Tax

| 1. Florida health maintenance organization credit (attach assessment notice) |
| 2. Capital investment tax credit (attach certification letter) |
| 3. Enterprise zone jobs credit (from Form F-1156Z attached) |
| 4. Community contribution tax credit (attach certification letter) |
| 5. Enterprise zone property tax credit (from Form F-1158Z attached) |
| 6. Rural job tax credit (attach certification letter) |
| 7. Urban high crime area job tax credit (attach certification letter) |
| 8. Emergency excise tax (EET) credit (see instructions and attach schedule) |
| 9. Hazardous waste facility tax credit |
| 10. Florida alternative minimum tax (AMT) credit |
| 11. Contaminated site rehabilitation tax credit (attach tax credit certificate) |
| 12. Child care tax credits (attach certification letter) |
| 13. State housing tax credit (attach certification letter) |
| 14. Credit for contributions to nonprofit scholarship funding organizations |
| 15. Other credits (attach schedule) |
| 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 |

### Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)

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

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
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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

<table>
<thead>
<tr>
<th>Type</th>
<th>State/country allocated to</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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, 2006

1. Florida income expected in taxable year ........................................... 1. $ ___
2. Florida exemption $5,000 (Members of a controlled group, see instructions on Page 16 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)* ................................. 4. $ ___
   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: 1st day of 5th month - Enter 0.25 of Line 6 ...................... 7a. $ ___
   1st day of 7th month - Enter 0.25 of Line 6 .................. 7b. $ ___
   1st day of 10th month - Enter 0.25 of Line 6 .............. 7c. $ ___
   1st 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. $ ___
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

Signature of Officer (Required) Date

F-1120

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

Florida Department of Revenue - Corporate Income Tax

Tentative tax due
(See reverse side)

Check here if you transmitted funds electronically

You must write within the boxes. (example) 0123456789 If typing, type through the boxes. (example) 0123456789
Write your numbers as shown and enter one number per box.

Name
Address
City/St/ZIP

FEIN

Corporate Partnership

Taxable year end:

Check here if you transmitted funds electronically

Check here if you transmitted funds electronically

Florida Department of Revenue — Corporate Income Tax

Declaration/Installment of Florida Estimated Income/Franchise and/or Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2006

You must write within the boxes. (example) 0123456789 If typing, type through the boxes. (example) 0123456789
Write your numbers as shown and enter one number per box.

Name
Address
City/St/ZIP

FEIN

Estimated tax payment
(See reverse side)

Check here if you transmitted funds electronically

Check here if you transmitted funds electronically

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100
Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on _____/_____ /_____. If you change your legal entity and are continuing to do business in Florida and the corporation is registered for Sales and Use Tax, you must complete a new Application to Collect and Report Tax in Florida (Form DR-1).

☐ The business was closed permanently on _____/_____ /_____. (The Department will remove your corporate income tax and corporate intangible tax obligation as of this date.)

Are you a corporation/partnership required to file sales and use tax returns? ☐ Yes ☐ No

☐ The business was sold on _____/_____ /_____. The new owner information is:

Name of new owner: __________________________ Telephone number of new owner: (______) __________________

Mailing address of new owner: ______________________________________________________

City: __________________________ County: __________________________ State: __________ ZIP: __________

FEIN ___________ Sales and Use Tax Certificate Number ___________

Signature of officer (Required) __________________________________________ Date __________ Telephone number (______) __________________

Information for Filing Form F-7004

When to file — File this application on or before the original due date of the taxpayer’s corporate income tax or partnership return. Do not file prior to the end of the tax year.

Penalties for failure to pay tax — If a payment of tax is required with this application, failure to make such payment will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature — Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or C.P.A. qualified to practice before the IRS under P.L. 89-332.

A. Has Form 7004 or 8736 been filed with the Internal Revenue Service for the taxable year? ......................... ☐ Yes ☐ No

If the answer is “No,” complete Item B.

An extension for Florida tax purposes may be granted, even though no federal extension was granted, if good cause is shown. For more information, see IRS announcements 60-90 and 63-113.

B. If applicable, state in detail the reason the extension is needed:

________________________________________________________________________

C. Type of federal return filed:

Type of federal return filed: __________________________________________

Contact person for questions __________________________________________

Telephone number (______) __________________

Information for Filing Form F-1120ES

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.

Contact person for questions __________________________________________

Phone number (______) __________________

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

Transfer the amount in Line 3 to Estimated tax payment box on front.
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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<tbody>
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<td>2. Amount of overpayment from last year for credit to estimated tax and applied to this installment</td>
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</table>

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

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Information for Filing Form F-1120ES

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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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.