Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120 R. 01/09

Rule 12C-1.051 Florida Administrative Code

		Nam Addr City/	ess	te/ZI	P					Flo	rida A		strative C	
	Use black ink. Example A - Handwritten Example B - Typed O 2 3 4 5 6 7 8 9				eck h		-	chanç	ges ha	ive be	een m	iade t	to	1
	Federal Employer Identification Number (FEIN) Year end date				R use				/ [<u> </u>		
	Computation of Florida Net Income and Emergency Excise Tax				—u	S Do	llars					+	Cen	ts
1.	Federal taxable income (see instructions). Check here										1]		
2	Attach pages 1–4 of federal return if negative 1. State income taxes deducted in computing federal taxable income	_	_	J [J [<u> </u>] <u> </u>]] •		_
	(attach schedule)		_			,			<u> </u>					
3.	Additions to federal taxable income (from Schedule I) Check here if negative 3.		_]] .		
4.	Total of Lines 1, 2, and 3													
5.	Subtractions from federal taxable income (from Schedule II) Check here if negative 5.								Ĺ] .		
6.	Adjusted federal income (Line 4 minus Line 5)								Ĺ] .		
7.	Florida portion of adjusted federal income (see instructions)	7.	Γ						Í] .		
8.	Nonbusiness income allocated to Florida (from Schedule R)	8.							<u> </u>					
9.	Florida exemption	9.				,			Ĺ					
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.	Emergency excise tax due (from Schedule A)	13.][] _		
14.	Total corporate income/franchise and emergency excise tax due (see instructions)	14.												
						,			7		J [
	Payment Coupon for Florida Corporate Income Tax Return			Do	not	deta	ch	cou	ıpon	1.			F-11 R. 01/	
Г	To ensure proper credit to your account, enclose your c								•	•			111 017	00
	YEAR M M D D Y Y Return is due 1st day of the	ne 4tn -	mo	ontn	атте	US DO			е тах	able	∍ yea —	ar. 	CENTS	1
	Check here if you transmitted funds electronically Total amount of from Line 18	- 11										. [
	Enter name and address, if not pre-addressed: Total credit from Line 19	- 11												
	Name Total refund from Line 20	- 11										. [
	Address City/St/ZIP FEIN Enter FEIN if not pre-add	Iressed												
	F- 1			2									г	_



	\ D															
15.	a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other		15							7	$\rceil \lceil$					
	c) Interest: F-2220 a) Other	Line is i	otal ➤ 15.			۳,			<u> </u>	J	╛┌	_	_	•	<u></u>	<u> </u>
16.	Total of Lines 14 and 15		16											_		
	Payment credits: Estimated tax payments 17a \$								<u> </u>	- ")	 	<u> </u>	\exists	•		J
• • • •	Tentative tax payment 17b \$		17.													
18.	Total amount due: Subtract Line 17 from Line 16. If positive, enter amount due:	ount				7				7				-		
	due here and on payment coupon. If the amount is negative (overpaymenter on Line 19 and/or Line 20	ment),	18.													
19.	Credit: Enter amount of overpayment credited to next year's estimate	ated tax								ίΠ	1	٦Г				1
	here and on payment coupon		19.			,	لـــار				JL	IJL		•		
20.	Refund: Enter amount of overpayment to be refunded here and on	payment co	upon 20.							<u>, </u>						
	This return is considered incomplete un eturn is not signed, or improperly signed and verified, it will be subject to a penal ust be completed in its entirety.							eturn	is pr	roperl	y sig	ned	and	verif	ied. Y	⁄our
	Under penalties of perjury, I declare that I have examined this return, includir and complete. Declaration of preparer (other than taxpayer) is based on all in						e best	of my	/ knov	wledge	and	belief	f, it is	true,	corre	ct,
	and complete. Declaration of preparer (other than taxpayer) is based on an in	nformation of wit	ICh preparei nas a	any kriow	ileuge.											
Sign h			Title	•												
	Signature of officer (must be an original signature) Date	te	Preparer		Prepa	arer's										
Paid	Preparer's signature		check if self-		PTIN											
prepar		te	employed						+	+	+	+	\vdash		\vdash	+
only	Firm's name (or yours		FEIN	•												
	if self-employed) and address		ZIP													
	AUT.	_ A _ T!	-M-Dalass	- 0	-11											
	All Taxpayers Must Answer Questions	SA Infolio	n W IBEIOW :	– See	Inst	truc	illoin's	:								
	· · ·	o 71 m oag.	i iii Bolow				LIOTIC									
A.	State of incorporation:		Part of a federal co						, <u> </u>	If yes,	provi	de:				
B.	Florida Secretary of State document number:	- H-2. F		onsolidat	ed retu	ırn? \	YES [) NC								
В. С.	Florida Secretary of State document number: Florida consolidated return? YES \(\sigma\) NO \(\sigma\)	- H-2. F - F	Part of a federal co EIN from federal Name of corporati	onsolidat consolida on:	ed retu ated re	urn? \	YES [) NC								
B. C. D.	Florida Secretary of State document number: Florida consolidated return? YES NO Initial return Final return (final federal return filed)	- H-2. F - F	Part of a federal co	onsolidat consolida on:	ed retu ated re	urn? \	YES [) NC						NO		
В. С.	Florida Secretary of State document number:	- H-2. F - F N H-3. T	Part of a federal or EIN from federal Name of corporation The federal commo	onsolidate consolida on: on parent ate book	ed retu	urn? \ sturn: _ ales, p	YES C	NO y, or p	oayroll	I in Flo	rida?	YES				
B. C. D. E.	Florida Secretary of State document number: Florida consolidated return? YES NO Initial return Final return (final federal return filed) Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule Election A Election B	- H-2. F - F N H-3. T I. L	Part of a federal co EIN from federal Name of corporation The federal common cocation of corporation	onsolidate consolida on: on parent ate book	ed returned re	urn? \ sturn: _ ales, p	YES C	NO	payroll	I in Flo	rida?	YES	ZIP	:	٥	
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Attach a copy of your Florida Form F-7004

(extension of time) if applicable.



NAME FEIN TAXABLE YEAR ENDING

S	chedule 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 result 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	4.
5.	Depreciation deducted pursuant to Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6.	Straight-line depreciation deducted pursuant to IRC 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 IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8.	Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.
9.	Multiply Line 8 by .40 (40%) and enter result 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 result here	11.
12.	Determine the amount of depreciation deducted pursuant to IRC 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 result here	12.
13.	Add Lines 11 and 12 and enter result here	13.
14.	Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15.	The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. 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 (not 2.5 %) and enter result here. Note: 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
Interest excluded from federal taxable income (see instructions)	1.	1.
Undistributed net long-term capital gains (see instructions)	2.	2.
Net operating loss deduction (attach schedule)	3.	3.
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 (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (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. Section 179 expense deduction above \$25,000	14.	14.
15. Special 50% depreciation allowance	15.	15.
16. Other additions (attach statement)	16.	16.
17. Total Lines 1 through 16 in Columns (a) and (b). Enter totals for each column on Line 17. 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.	17.	17.



NAME					FEIN		TAXABLE	E YEAR E	.NDING
Schedule II — Subtr	actions from Fe	ederal Taxal	ble In	come				ımn (a) page 1	Column (b) For Schedule VI, AMT
Gross foreign source income (a) Enter s. 78, IRC income \$_(c) less direct and indirect exp	(b)	s plus s. 862, IRC d	lividends	\$			1.		1.
Gross subpart F income less a (a) Enter s. 951, IRC subpart F	•	(b) less direc	t and inc	lirect expenses \$		Total >	2 .		2.
Note: Taxpayers doing busine	ess outside Florida enter :	zero on Lines 3, the	rough 6,	and complete Sc	hedule I\	<i>I.</i>			
Florida net operating loss care	vover deduction (see ins	tructions)		<u>-</u>			3.		3.
Florida net capital loss carryo	` `						4.		4.
	`	,					5.		5.
5. Florida excess charitable con		· ·							
Florida employee benefit plan		ee instructions)					6.		6.
7. Nonbusiness income (from So	chedule R, Line 3)						7.		7.
8. Eligible net income of an inter	national banking facility (see instructions)					8.		8.
9. Other subtractions (attach sta	tement)						9.		9.
10. Total Lines 1 through 9 in Colu Page 1, Line 5 (of the F-1120					total is al	so entered on	10.		10.
Schedule III — Appo		<u> </u>							
III-A For use by taxpayers doing			providin	Ĭ .	ransport	ation services.	(al)		(0)
	(a) WITHIN FLORIDA	(b) TOTAL EVERYW	/HFRF	(c) Col. (a) ÷ Co	ol (b)		(d) Weight		(e) Weighted Factors
	(Numerator)	(Denominato		Rounded to Six I	. ,		in Column (b) is zoge 10 of the instru		Rounded to Six Decimal Places
Property (Schedule III-B below)						X 25	5% or		
2. Payroll							5% or		
3. Sales (Schedule III-C below)						X 50)% or		
4. Apportionment fraction [Sum	of Lines 1, 2, and 3, Colu	mn (e)]. Enter here	and on	Schedule IV, Line	2.				
III-B For use in computing avera	nge value of property (us	se original cost)		WITHIN F	LORIDA		TC	OTAL EVER	RYWHERE
in B 1 or doc in companing avoid	go raido oi proporty (de		a. Beç	ginning of year	b. E	end of year	c. Beginning of	f year	d. End of year
Inventories of raw material, we	. ,	oods							
Buildings and other depreciab	ole assets								
3. Land owned	:	(-++llll-)							
Other tangible and intangible (i Total (Lines 1 through 4)	financial org. only) assets	(attach schedule)							
Notar (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 (d) and divide by 2 (for	within Florida) total everywhere)	6a. <u> </u>				6b		
7. Rented property (8 times net a			7						
a. Rented property in Florida b. Rented property Everywher							7b		
8. Total (Lines 6 and 7). Enter on a. Enter Lines 6 a. plus 7 a. ar	nd also enter on Schedule	e III-A, Line 1,							
Column (a) for total average b. Enter Lines 6 b. plus 7 b. ar			8a. <u> </u>						
Column (b) for total average	e property Everywhere								
				Avera	ge Florida			Average Ev	verywhere
III-C Sales Factor						TOTAL WIT	(a) HIN FLORIDA nerator)	то	(b) DTAL EVERYWHERE (Denominator)
Sales (gross receipts)						N	I/A	1	
2. Sales delivered or shipped to	Florida purchasers								N/A
3. Other gross receipts (rents, ro	yalties, interest, etc. whe	n applicable)							
4. TOTAL SALES [Enter on Sche	dule III-A, Line 3, Column	ns (a) and (b)]							
III-D Special Apportionment Frac	etions (see instructions)			(a) WITHIN FLOF	RIDA	(b) TOTAL E	EVERYWHERE		RIDA Fraction [(a) ÷ (b)] ded to Six Decimal Places
Insurance companies (attach)	copy of Schedule T-Annu	ual Report)							
2. Transportation services									



NAME FEIN TAXABLE YEAR ENDING

S	chedule IV — Computation of Florida Portion of Adjusted Federal I	ncome	
		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.

So	chedule 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 (attach certificate)	14.
15.	Florida renewable energy technologies investment tax credit	15.
16.	Florida renewable energy production tax credit	16.
17.	Other credits (attach schedule)	17.
18.	Total credits against the tax (sum of Lines 1 through 17 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	18.

Sc	chedule 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

	Type	s) allocated to Florida		<u>Amount</u>
	Total allocated to Florida			
	(Enter here and on Page 1,	Line 8 or Schedule VI, Line 8 for AMT)		
		s) allocated elsewhere State/country allocated to		<u>Amount</u>
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 (Enter here and on Schedul	and 2	3	
1.		Estimated Tax Worksheet axable Years Beginning On or After Ja		
	•	nbers of a controlled group, see instructions on Page		
3.	Estimated Florida net income (Line 1 less Line 2)		3. \$
		0/ (1: 0)+		
4.	Total Estimated Florida tax (5.5	% of Line 3)* \$		_
	Less: Credits against the tax * Taxpayers subject to federal alternative minimum tax at 3.3% and enter the gr	te minimum tax must compute Florida alternative reater of these two computations.		4. \$
5.	Less: Credits against the tax * Taxpayers subject to federal alternative minimum tax at 3.3% and enter the green tax and the statement of	re minimum tax must compute Florida alternative reater of these two computations.		5. \$
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Complete this form, sign it, and mail Mail to it to the Department if:	o: orida Department of Revenue	New Location	Business location				
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 The business location changes. Ta The corporation name changes. 	llahassee FL 32399-0100		Business telephone ()	County		-
			In care of				
		New	Mailing address				
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		Business Name	DBA				
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Signature of Officer (Required)	Date	Name	on				
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ule 12C-1.051	Tentative Income / Franchise a			╗ .			1/09
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			Tentative tax due				
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Emergency Exc	ise Tax for Taxable Year Beg	inning on	or After January 1,	, 2009	Installm	ient #	
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Make checks payable and mail to: Florida Departm	funds electronically lent of Revenue, 5050 W Tennessee St, Tallah	nassee FL 3239	99-0135	only	M M D	D Y	Υ

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 obligation as of this date.) The business was sold on _____/ _____. The new owner information is: Telephone number of new owner: (_____) ___ Mailing address of new owner: State: _ ZIP: City: Sales and Use Tax FEIN Certificate Number _____Telephone number (___ Signature of officer (Required) ___ _____Date ____ F-7004 Information for Filing Form F-7004 R. 01/09 When to file - File this application on or before the original due date of the **B.** If applicable, state the reason you need the extension: taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year. To file online go to www.myflorida.com/dor C. Type of federal return filed:____ Penalties for failure to pay tax — If you are required to pay tax with this application, Contact person for questions: failure to pay will void any extension of time and subject the taxpayer to penalties and Telephone number: (_____) ___ 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 — A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to Florida Income/Franchise practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified **Extension of Time Request Emergency Excise Tax Due** Public Accountant qualified to practice before the IRS under Public Law 89-332. 1. Tentative amount of Florida tax for the taxable year 2. LESS: Estimated tax payments for the taxable year If the answer is "No," complete Item B. 3. Balance due — You must pay 100% of the tax An extension for Florida tax purposes may be granted, even though no federal tentatively determined due with this extension request extension was granted. See Rule 12C-1.0222, F.A.C., for information on the Transfer the amount on Line 3 to **Tentative tax due** on reverse side. requirements that must be met for your request for an extension of time to be valid. F-1120ES Information for Filing Form F-1120ES R. 01/09 1. Who must make estimated tax payments — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter Contact person for questions:___ 220 and/or Chapter 221, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability and emergency excise tax Phone number: (____ ___) ___ liability for the year will be more than \$2,500. To file online go to www.myflorida.com/dor 2. Due Date - Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the 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 correct

installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the

declaration or paying estimated tax, you will be assessed interest and penalties.

4. Interest and Penalties - If you fail to comply with the law about filing a

estimated tax.

	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 on Line 3 to **Estimated tax payment** box on front.

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Information for Filing Form F-1120ES

- 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 declare estimated tax for the
 taxable year if the amount of income tax liability and emergency excise tax
 liability for the year will be more than \$2,500.
- Due Date Generally, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the 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 correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- Interest and Penalties If you fail to comply with the law about filing a
 declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions:	
Phone number: ()	

To file online go to www.myflorida.com/dor

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 on Line 3 to Estimated tax payment box on front.

Information for Filing Form F-1120ES

F-1120ES R. 01/09

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