Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120 R. 01/06 PAGE 1

	Use black ink. Example A - Handwritten Example B - Typed For calendar year	r 2005 or tax	year	Name Addres City/Sta	ate/ZIF	ck her	e if any ddress	chang	es hav	re been n	nade f		_
(0100456500	-1								DOR to sayment of			
	Year end date		_		DOR			/	/	,	/		
- 2	Computation of Florida Net Income and Emergency Excise 1	Гах				-us	Dollar	s —			1	Cer	nts
1.		neck here	1.								1		
2	Attach pages 1–4 of federal return		١						,				
۷.	(attach schedule)	neck here negative	2.										
3.	Additions to federal taxable income (from Schedule I)		3.] [Ξ,			Ĺ				
4.	Total of Lines 1, 2, and 3.	neck here negative	4.	ـــــــــــــــــــــــــــــــــــــــ		Щ							
5.	Subtractions from federal taxable income (from Schedule II) if	neck here negative	5.										
6.	Adjusted federal income (Line 4 minus Line 5)	neck here negative	6.										
7.	Florida portion of adjusted federal income (see instructions)	Check I	nere tive	7.									
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check i		8.									
9.	Florida exemption			9.									
	Florida net income (Line 7 plus Line 8 minus Line 9)	er is greate	r].		
12.	Credits against the tax (from Schedule V, Line 16)			12.					\Box				
13.	Emergency excise tax due (from Schedule A, Line 20)		********	13.		Ξ,			,				
14.	Total corporate income/franchise and emergency excise tax due (see in	structions).	********	14.					,				
	Payment Coupon 2005 Florida Corporate Income	Tax Retu	rn		Do r	ot d	etach	cou	pon.			F-1	
Г	To ensure proper credit to your account, e	enclose yo	our ch	eck wit	h tax	retur	whe	n ma	iling.			R. 01	/06
L	YEAR Return is du	ue 1st day	of th	e 4th m	onth a	after	close	of the	taxa	able ye	ar.		
	ENDING M M D D Y Y	Total am	ount di	ne		<u> </u>	S DOLLA	RS —			1	CENTS	
	Check here if you transmitted funds electronically	from L											
	Enter name and address, if not pre-addressed:	Total from L											
	Name	Total r									3		
	Address City/St/ZIP	FE Enter FEIN if no	IN	ssed		7		9					_
		F-	1	1	2	2		a dilik	.u P	10		Ī	



PO BOX 6440

TALLAHASSEE FL 32314-6440

15.	a) Penalty: F-2220 b) Other														
	c) Interest: F-2220 d) Other	Line 15 Total	tal ➤ 1	15.					IЦ,					Ш	
170.00				. [П						
16.	Total of Lines 14 and 15	·····	1	16.					Щ,				•	Ш	_
17.	Payment credits: Estimated tax payments 17a \$			[
1772720	Tentative tax payment 17b \$		1	17.					Щ,				•	Ш	_
18.	Subtract Line 17 from Line 16. Enter amount due here and on payment	10.5													
	If there is an overpayment, enter on Line 19 and/or Line 20		1	18.				ارا	Щ,					Ш	
19.	Credit: Enter amount of overpayment credited to next year's estimate														
	here and on payment coupon		1	19.					Щ,					Ш	
20.	Refund: Enter amount of overpayment to be refunded here and on pa	ayment coup	on 2	20.			Ĺ								
	This return is considered incomplete unlenat is not signed, or improperly signed and verified, will be subject to a penalty. The nust be completed in its entirety.	ne statute of lin	mitations _I	period	will no	ot star	t until th								
	Under penalties of perjury, I declare that I have examined this return, including a complete. Declaration of preparer (other than taxpayer) is based on all informat						the best	of my l	knowled	ge and	belief,	it is tr	ue, co	rrect, a	and
Sign her			Title												
	Signature of officer (must be an original signature) Date		Preparer	_		Prepar	er's								
Paid	Preparer's signature Date		check if s	self-		SSN or									
prepare only	Firm's name (or yours		FEIN					li e							
(98V0) 5 2	if self-employed) and address		ZIP												0.0
	All Taxpayers Are Required to Answer Questions A						1/22	- //	190 197						
B. F. C. F. F. F. G. A	State of incorporation: Florida Secretary of State document number: Florida consolidated return? YES NO Initial return Final return (final federal return filed) Faxpayer election s. 220.03(5), F.S. General Rule Election A Election B Principal Business Activity Code (as pertains to Florida) A Florida extension of time was timely filed? YES NO If yes, attach copy of Florida Form F-7004.	H-3. The I. Loci J. Taxy K. Ente	nt of a federal IN from federal corpore federal corpore cation of corpore repayer is a refer date of lantact person	eral con oration: mmon p rporate l member atest IR	parent h books: r of a F S audit	nas sale	es, prope	erty or pa	ayroll in i	Florida re? Y I	? YES	ON O	wo =		
	Corporation is a member of a controlled group? YES \(\subseteq \) NO \(\subseteq \) If yes, attach list. You want a personalized package?	М. Тур	e of federa	l return	filed 🗆	1120	1120	0A 🗖 1	120S or				- 50		
do no check Note: a pac	use purchased software to prepare and file your return and of want us to send you a preprinted forms package next year, at the box in the upper right-hand corner of Page 1. Even if you check the box indicating that you do not want skage, you still may receive one last package next year as we are and phase in your request.	D	De _l Wri	ike y parti ite y	our men our	che t of FEI	ck pa Reve Num	enue ber o	on yo				a		
Where	e to Send Payments and Returns														
FL 50 TA	neck payable to and send with return to: LORIDA DEPARTMENT OF REVENUE 150 W TENNESSEE STREET 161 ALLAHASSEE FL 32399-0135 16 requesting a refund (Line 20), send your return to:	~	Att	ach	a co	ру	of yo of yo me) i	ur Fo	orm l	F-70	004	•			
	ORIDA DEPARTMENT OF REVENUE	1	(CX			J. (1		. up	Pilod	2101					



Total depreciation expense deducted on feder	eral Form 1120	1s
. Florida portion of adjusted federal income fro	om F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positi	ive number)	3.
Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3	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.
 Straight-line depreciation deducted pursuant on Schedule VI (for assets placed in service 	to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed 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.
3. Subtract the sum of Line 6 and 7 from the an	nount on Line 5 and enter result here	8.
9. Multiply Line 8 by .40 (40%) and enter here		9.
D. Florida apportionment fraction shown in Scho	edule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
1. Multiply Line 9 by Line 10 and enter here		11.
Determine the amount of depreciation deduction nonbusiness income allocated to Florida, mu	eted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing altiply the amount by .40 (40%), and enter here	12.
3. Add Lines 11 and 12 and enter here		13.
4. Loss shown on Line 4. Note: If Line 4 does	not show a loss, enter 0	14.
5. The portion of the exemption provided in s. 2	220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter	0 15,
6. Subtract the sum of Lines 14 and 15 from the	e amount on Line 13 and enter result here	16.
7. Multiply Line 16 by 2.5 (not 2.5 %) and enter	r here. Note: If Line 16 shows a loss, enter 0	17.
3. Total tax due (2.2% of Line 17)		18.
(a) Emergency excise tax credit:	(b) Emergency excise tax credit carryover: (attach so	chedule) Total ➤ 19.
D. Balance of tax due (enter on Page 1, Line 13	3)	20.

S	chedule 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 (Form F-1156Z)	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.



S	Schedule II — Subtr	actions from Fe	ederal Taxa	ble In	come					mn (a) page 1	Column (b) For Schedule VI, AMT
1.	Gross foreign source income I (a) Enter s. 78, I.R.C. income (c) less direct and indirect exp	\$(b)	plus s. 862, I.R.C	. dividen	ds \$			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 busine	ess both within and withou	t Florida enter ze	ro on Lin	es 3, 4, and 5 and	d complet	e Line 4 of S	chedule IV.			
3.	Florida net operating loss carryover deduction (see instructions)								3.		3.
4.	. Florida net capital loss carryo	ver deduction (see instruc	tions)						4.		4.
5.	Florida excess charitable and	or employee benefit plan	contribution carry	over (see	e instructions)				5.		5.
6.	Nonbusiness income (from Sc	chedule R, Line 3)							6.		6.
7.	. Eligible net income of an inter	national banking facility (s	see instructions)						7.		7.
8.	Other subtractions (attach state	tement)							8.		8.
9.	. Total Lines 1 through 8 in Colu Page 1, Line 5 (of the F-1120					total is a	ilso entered	on	9.		9.
6	Schedule III — Appo	ortionment of A	diusted Fed	doral	Income						
	A For use by taxpayers doing					a insura	nce or trans	sportation s	ervices.		
-		(a)	(b)	,	(c)	3		(d)			(e)
		WITHIN FLORIDA (Numerator)	TOTAL EVERYV		Col. (a) ÷ C Rounded to Six [. ,		Weigl	eight Column (b) is zero, 11 of the instructions.		Weighted Factors Rounded to Six Decimals
1.	Property (Schedule III-B below)							X 25% or _			
2.	Payroll								or		
3.	Sales (Schedule III-C below)							X 50% or _			
4.	Apportionment fraction [Sum of	of Lines 1, 2, and 3, Colum	nn (e)]. Enter here	and on	Schedule IV, Line	2.					
	B For use in computing avera	age value of property (us	e original cost)		WITHIN F	LORIDA			TO	TAL EVERY	/WHERE
	or tor use in computing avera	ige value of property (us	e original cost,	a. Beg	ginning of year	b. E	End of year	a. B	seginning of	year	b. End of year
1.	Inventories of raw material, wo	ork in process, finished go	ods								
\vdash	Buildings and other depreciab	le assets									
-	Land owned										
\vdash	Other tangible and intangible (f	inancial org. only) assets	(attach schedule)								
-	Total (Lines 1 through 4)										
6.	Average value of property [add										
,	by 2 (for within Florida and total Rented property (8 times net a							-			
1	Total (Lines 6 and 7). Enter on	,						-			
0.	rotal (Ellios o and 7). Elliot on	Line 1, concade in 7, c	0.0 (0)	—	Average	Florida		-	A	verage Eve	rywhere
\vdash								TOTAL			TOTAL
III-0	C Sales Factor						V	VITHIN FLOF	RIDA	E	EVERYWHERE
								(Omit cents	s)		(Omit cents)
1.	Sales (gross receipts)							N/A			
2.	Sales delivered or shipped to	Florida purchasers									N/A
3.	Other gross receipts (rents, ro	yalties, interest, etc. wher	n applicable)								
4.	TOTAL SALES [Enter on Sche	edule III-A, Line 3, Column	ns (a) and (b)]								
111-0	D Special Apportionment Frac	ctions (see instructions)			(a) WITHIN FLO	RIDA	(b) T0	OTAL EVERY	WHERE		IDA Fraction [(a) ÷ (b)]
1.	Insurance companies (attach	copy of Schedule T-Annu	al Report)								
2.	Transportation services										



	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.
Tentative apportioned 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	
Florida health maintenance organization credit (attach assessment notice)	1.
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.
 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	Γ)
Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
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.



	Nonbusiness income (loss <u>Type</u>	<u> </u>		<u>Amount</u>
	Total allocated to Florida	Line 8 or Schedule VI, Line 8 for AMT)		
	,	•		
Line 2.	Nonbusiness income (loss Type) allocated elsewhere State/country allocated to	_	<u>Amount</u>
	Total allocated elsewhere		2	
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 (Enter here and on Schedule	and 2 e II, Line 6)	3	
	For Ta	Estimated Tax Worksheet xable Years Beginning On or After Ja	anuary 1, 200	6
1.	Florida income expected in taxa	ble year		1. \$
2.	Florida exemption \$5,000 (Mem	bers of a controlled group, see instructions on Page	16 of F-1120N)	2. \$
3.	Estimated Florida net income (L	ine 1 less Line 2)		3. \$
4.	Total Estimated Florida tax (5.59	% of Line 3)* \$		_
	* Taxpayers subject to federal alternative	minimum tax must compute Florida alternative ater of these two computations.		
		<		
6.		excise tax (Line 4 plus Line 5)e installment as computed on Line 7; if \$2,500 or les		
7.	Computation of installments:			
	Payment due dates and	1st day of 5th month - Enter 0.25 of Line 6		7a
	payment amounts:	1st day of 7th month - Enter 0.25 of Line 6		7b
		1st day of 10th month - Enter 0.25 of Line 6 1st day after close of fiscal year – Enter 0.25 of		
		ould change during the year, you may use the amend d amounts to be entered on the declaration (Form F		
	Amended estimated taxLess:			1. \$
	(a) Amount of overpayment fro			
	to estimated tax and applie	d to date2a. — \$		_
		ed tax declaration (F-1120ES)2b. — \$		
_		0/))		
		e 2(c))		
4.	Amount to be paid (Line 3 divide	ed 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	CHANGE IN New Business location Location Address City State ZIP Business telephone (
F=112U	Owner's telephone () County New Business Name New Corporation
	Name 999 0002005999 0 399999999 0000 2
Florida Department of Revenue - 0 Florida Tentative Income / Franchise and Return and Application for Extension	R. 01/06
You must write within the boxes. (example) O 1 2 3 4 5 6 7 8 9 Write your numbers as shown and enter one number per box. Name Address City/St/ZIP Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication, and that to the best of my knowledge and belief the statements herein are true and considered by the above-named taxpayer to rapplication.	Taxable year end: Corporation Partnership FILING STATUS (Mark "X" in one box only) Tentative tax due (See reverse side) make this
Florida Department of Revenue — Declaration/Installment of Florida Estim Emergency Excise Tax for Taxable Year Beg	nated Income/Franchise and/or R. 01/06
You must write within the boxes. (example) O 1 2 3 4 5 6 7 8 9 Write your numbers as shown and enter one number per box. Name Address City/St/ZIP Check here if you transm	FEIN Taxable year end M M D D Y Y Estimated tax payment (See reverse side) US DOLLARS CENTS
funds electronically Make checks payable and mail to: FLORIDA DEPARTMENT OF REVENUE	999 0002005033 2 399999999 0000 2

Closing or Sale of Business or Change of Legal Entity . If you change your legal entity and are continuing to do business in Florida and the The legal entity changed on 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.) Yes No Are you a corporation/partnership required to file sales and use tax returns? The business was sold on _____/ ____. The new owner information is: Name of new owner: __ _____ Telephone number of new owner: (______) ____ Mailing address of new owner: ZIP: City: County: State: Sales and Use Tax FEIN Certificate Number Telephone number (___ Signature of officer (Required) F-7004 Information for Filing Form F-7004 R. 01/06 When to file — File this application on or before the original due date of the B. If applicable, state in detail the reason the extension is needed: taxpayer's corporate income tax or partnership return. Do not file prior to the end of Penalties for failure to pay tax — If a payment of tax is required with this C. Type of federal return filed: application, failure to make such payment will void any extension of time and subject Contact person for questions the taxpayer to penalties and interest for failure to file a timely return(s) and pay all Telephone number () 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 Florida Income/Franchise Six Month Extension of Time Request or C.P.A. qualified to practice before the IRS under P.L. 89-332. **Emergency Excise Tax Due** Has Form 7004 or 8736 been filed with the Internal 1. Tentative amount of Florida tax for the taxable year If the answer is "No," complete Item B. 2. LESS: Estimated tax payments for the taxable year 3. Balance due -100% of the tax tentatively determined An extension for Florida tax purposes may be granted, even though no federal due must be paid with this extension request extension was granted, if good cause is shown. For more information, see IRS announcements 60-90 and 63-113. Transfer the amount in Line 3 to **Tentative tax due** on reverse side. F-1120ES Information for Filing Form F-1120ES R. 01/06 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 make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of Phone number (_____) ____ 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.

timely paid.

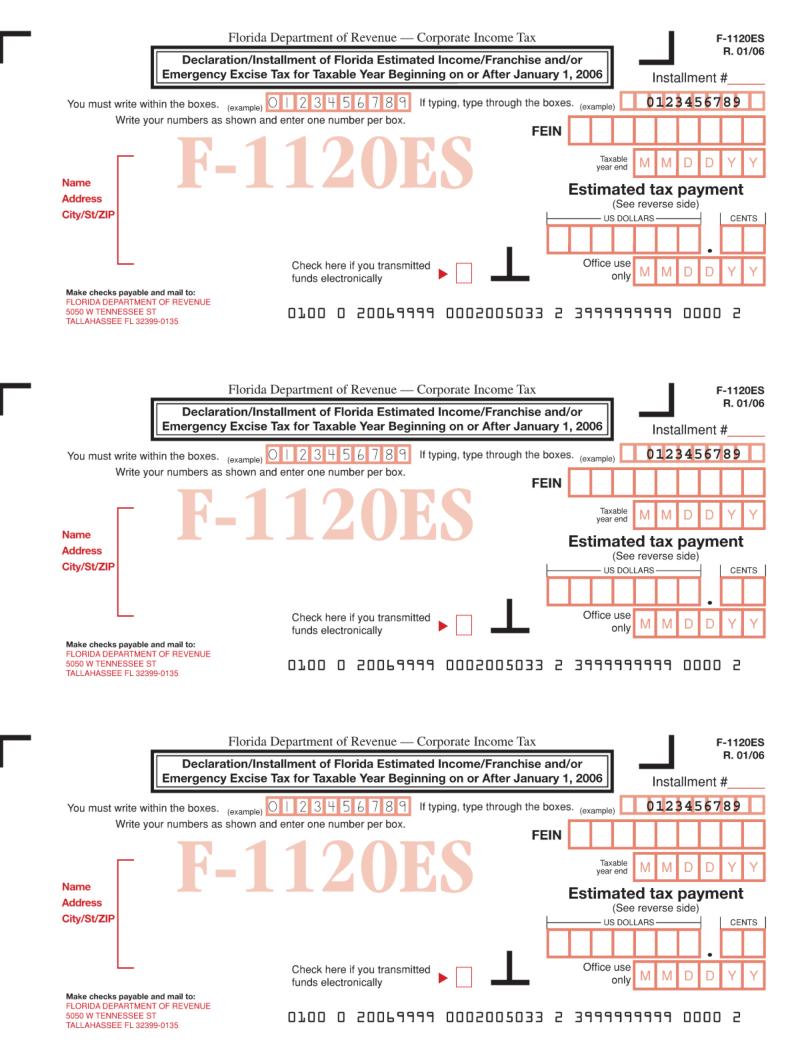
of interest and penalties.

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

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

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	1.
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.



- 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.
- 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 ()	_

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	i.
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.

Information for Filing Form F-1120ES

F-1120ES R. 01/06

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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.

Contact person for questions	
10 38	
Phone number ()	

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	i.
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.

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F-1120ES R. 01/06

- 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.
- 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 filling 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 ()	

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
Amount of this installment	1.
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.