

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

You must write within the boxes.

(example)

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

If typing, type through the boxes.

(example)

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

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

F-7004

Name
 Address
 City/St/ZIP

FEIN

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

Taxable year end:

Corporation Partnership

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

FILING STATUS
 (Mark "X" in one box only)

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Tentative tax due
 (See reverse side)

US DOLLARS								CENTS	

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.

T

Sign here: _____ Date: _____

Check here if you transmitted funds electronically

9999 9 99999999 0002005030 3 9999999999 9999 2

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:
 FLORIDA DEPARTMENT OF REVENUE
 5050 W TENNESSEE ST
 TALLAHASSEE FL 32399-0100

F-1120

FEIN of entity

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

CHANGE IN
 New Location Address

Business location _____

City _____ State _____ ZIP _____

Business telephone (_____) _____ County _____

In care of _____

New Mailing Address

Mailing address _____

City _____ State _____ ZIP _____

Owner's telephone (_____) _____ County _____

New Business Name
 New Corporation Name

DBA _____

Signature of Officer (Required)

Date

9999 9 99999999 0002999999 1 9999999999 9999 2

**Declaration/Installment of Florida Estimated Income/Franchise and/or
 Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2002**

You must write within the boxes.

(example)

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

If typing, type through the boxes.

(example)

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

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

F-1120ES

Name
 Address
 City/St/ZIP

FEIN

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

Taxable year end

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

Estimated tax payment

(See reverse side)

US DOLLARS								CENTS	

Office use only

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

Check here if you transmitted funds electronically

9999 9 99999999 0002005033 0 9999999999 9999 2