



Amended Florida Corporate Income/Franchise Tax Return

Company ID Here F-1120X R. 01/16 Rule 12C-1.051, F.A.C. Effective 01/16 Page 1 of 2

85XX09999999900020050497301234567800009

Name
Formerly known as (if applicable)
Address
City/State/ZIP

Reason for amended return:
Amended federal return (attach copy)
IRS audit adjustment (attach copy)
Other adjustment
Date of Revenue Agent Report (RAR)
Type of return being amended:
F-1120 F-1120A F-1120X

FEIN
For tax year:
Beginning Ending
Date last return filed

Fill in applicable items and use Part II to explain any changes.
Part I

Table with 10 rows of tax items and columns for 'Check if negative' and 'Check if As originally reported or as adjusted'.

Do Not Detach Coupon
Amended Florida Corporate Income/Franchise Tax Return

Company ID Here F-1120X R. 01/16

Date last return filed
for tax year ending

Name FDOR - Corporate Test
Address 5050 W Tennessee Street
City/State/ZIP Tallahassee, FL 32399-0141

Check here if you transmitted funds electronically

Table with 4 columns of numbers: 012345678, 012345678901234, 012345678901234, 0



	A. As originally reported or as adjusted	B. Correct amount (Attach amended schedules)
11. Tax due <input type="checkbox"/> Check here if paying FL AMT .....	999999999.99	999999999.99
12. Credits against the tax.....	999999999.99	999999999.99
13. Total corporate income/franchise tax due .....	999999999.99	999999999.99
14. Penalty and interest (attach Florida Form F-2220 and/or schedule) .....	999999999.99	999999999.99
15. Total of Lines 13 and 14 .....	999999999.99	999999999.99
16. a) Estimated payments _____ b) Tentative payment _____		
c) Tax paid with or after return _____ Total <input type="checkbox"/> .....		999999999.99
17. a) Credit _____ b) Refund _____ if any shown on last return, or as later adjusted .....		999999999.99
18. Total payments (Line 16 minus Line 17) .....		999999999.99
19. Total amount due or overpayment (Line 15 minus Line 18). Enter on payment coupon, also. ....		999999999.99
20. Credit: Enter amount of overpayment credited to _____ estimated tax here and on payment coupon .....		999999999.99
21. Offset: Enter amount of overpayment to be offset .....		999999999.99
22. Refund: Enter amount of overpayment to be refunded here and on payment coupon .....		999999999.99

Contact person: _____ Telephone number: ( _____ ) _____ Contact person email address: _____
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Part II — Explanation of changes to income, deductions, credits, etc. Attach separate sheet if needed. To expedite processing, please indicate if this tax year has been previously audited by the Department; include the service notification (audit) number.

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.																							
<b>Sign here</b>	Signature of officer (must be an original signature) _____ Date _____	<b>Title</b>																					
<b>Paid preparers only</b>	Preparer's signature _____ Date _____	Preparer check if self-employed <input type="checkbox"/>	Preparer's Tax Identification Number (PTIN) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Firm's name (or yours if self-employed) and address _____	FEIN _____ ZIP _____																						

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.