

## 2023 Scannable Alternative Forms Examples

### Alternative F-1120X form changes

**Note:** Refer to the 2023 Alternative Forms Requirements Guide for barcode and OCR line specifications.

1. Upper OCR Line:
  - a) Changed Vendor ID portion from '82xx' to '83xx'.
  
2. Coupon Section:
  - a) Lower OCR Line:
    - Changed Vendor ID portion from '82xx' to '83xx'.



**Amended Florida Corporate Income/Franchise  
Tax Return**

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

83XX099999999900020050498301234567800009

Rule 12C-1.051  
Florida Administrative Code  
Effective 01/16

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

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

FEIN \_\_\_\_\_  
 For tax year:  
 Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 (mm/dd/yy) (mm/dd/yy)  
 Date last return filed \_\_\_\_\_  
 (mm/dd/yy)

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

	Check if negative	A. As originally reported or as adjusted	Check if negative	B. Correct amount (attach amended schedule)
1. Federal taxable income .....	_____	999999999.99 .....	_____	999999999.99
2. State income taxes deducted in computing federal taxable income ..	_____	999999999.99 .....	_____	999999999.99
3. Additions to federal taxable income .....	_____	999999999.99 .....	_____	999999999.99
4. Total of Lines 1 through 3 .....	_____	999999999.99 .....	_____	999999999.99
5. Subtractions from federal taxable income.....	_____	999999999.99 .....	_____	999999999.99
6. Adjusted federal income (Line 4 minus Line 5).....	_____	999999999.99 .....	_____	999999999.99
7. Florida portion of adjusted federal income.....	_____	999999999.99 .....	_____	999999999.99
8. Nonbusiness income allocated to Florida .....	_____	999999999.99 .....	_____	999999999.99
9. Florida exemption .....	_____	999999999.99 .....	_____	999999999.99
10. Florida net income (Line 7 plus Line 8 minus Line 9.....	_____	999999999.99 .....	_____	999999999.99

PERF LINE----- Do Not Detach Coupon -----  
**Amended Florida Corporate Income/Franchise  
Tax Return**  
 Date last return filed \_\_\_/\_\_\_/\_\_\_  
 for tax year ending \_\_\_/\_\_\_/\_\_\_  
 Company ID Here  
 F-1120X  
 R. 01/16

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

Check here if you transmitted funds electronically

012345678	012345678901234	012345678901234	0
20120101	012345678901234	012345678901234	0
20121231	012345678901234	012345678901234	0
2	0	012345678901234	0
20061015	012345678901234	012345678901234	012345678901234
1	012345678901234	0	012345678901234
20060131	012345678901234	0	012345678901234
20061231	012345678901234	012345678901234	012345678901234



	A.	B.
	As originally reported or as adjusted	Correct amount (Attach amended schedules)

11. Tax due  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  ..... 999999999.99

17. a) Credit \_\_\_\_\_ b) Refund \_\_\_\_\_ if any shown on last return,  
or as later adjusted ..... Total  ..... 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: \_\_\_\_\_

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.

Sign here	Signature of officer (must be an original signature)	Date	Title										
	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's Tax Identification Number (PTIN)									
Paid preparers only	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.