

**Florida Corporate Short Form
Income Tax Return
For tax year beginning on or after January 1**

Company ID Here
**F-1120A
R. 01/24**
Rule 12C-1.051, F.A.C.
Effective 01/17

Where to Send Payments and Returns

Make checks payable and mail with return to:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 9b), send your return to:

FLORIDA DEPARTMENT OF REVENUE
PO BOX 6440
TALLAHASSEE FL 32314-6440

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Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of Officer	Date	Contact Email Address	Phone
Signature of Individual or Firm Preparing the Return	Date	Preparer's PTIN <input type="checkbox"/> or FEIN <input type="checkbox"/> (Check one)	Phone

FEIN _____ Taxable Year Beginning ___/___/___ Taxable Year Ending ___/___/___

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

DOR USE ONLY
___/___/___

012345678	012345678901234	1	01
20230101	012345678901234	0	0
20231231	012345678901234	1	0
1	012345678901234	012345	0
012345678901234	012345678901234	1	0
012345678901234	012345678901234	1	0
012345678901234	012345678901234	20030131	0
012345678901234	0	0	012345678901234

012345678901234

84XX 0 20231231 0002005043 6 3012345678 0000 9