

**Florida Department of Revenue - Corporate Income Tax
Declaration/Installment of Florida Estimated Income/Franchise Tax**

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

Information for Filing Florida Form F-1120ES

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220, Florida Statutes, must declare estimated tax for the taxable year if the amount of income tax liability for the year will be more than \$2,500.
- 2. Due Date** — Generally, for a 6/30 tax year end, estimated tax must be paid on or before the last day of the 4th, 6th, and 9th month of the taxable year and the last day of the taxable year. For all other year ends, estimated tax is generally due on or before the last day of the 5th, 6th, and 9th month of the taxable year and the last day of the tax year. 25 percent (.25) 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 correct installment. You may file an amendment during any interval between installment dates prescribed for the taxable year. You must timely pay any increase in the estimated tax.
- 4. Interest and Penalties** — If you fail to comply with the law about filing a declaration or paying estimated tax, you will be assessed interest and penalties.

Contact person for questions: _____
Phone number: (_____) _____
Contact person email address: _____

To file online go to www.floridarevenue.com

Estimated Tax Payment	Income/Franchise Tax
1. Amount of this installment	1.
2. 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 on Line 3 to **Estimated tax payment** box on front.

Make checks payable and mail to:

Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

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

Installment # ____
FEIN _____
Taxable Year Ending ___/___
Estimated Tax Payment \$ _____

DOR USE ONLY

___/___/___

012345678	0	0	0
0	0	0	0
20231231	0	0	0
0	0	0	0
001	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	012345678901234

012345678901234

84XX 0 20231231 0002005033 9 3012345678 0000 9