



**Florida Enterprise Zone Jobs Credit
Certificate of Eligibility for Corporate Income Tax**

F-1156Z
R. 07/05

Attach this form to the *Florida Corporate Income/Franchise and Emergency Excise Tax Return* (Form F-1120).

| | |
|---|--|
| For calendar year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or other taxable year beginning <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> and ending <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |
| Name (as shown on your tax return) | Federal Employer Identification Number (FEIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Business location address | Enterprise zone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| City State ZIP | Area code and telephone number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address of business | <input type="checkbox"/> Check here if business is a "small business" as defined by section 288.703(1), Florida Statutes. See Instructions for definition. |
| City State ZIP | |

| PART I DEMONSTRATION OF NEW JOBS CREATED | |
|---|-----|
| (1) Enter the number of permanent, full-time jobs on the date of application. | (1) |
| (2) Add the number of permanent, full-time jobs for each of the 12 months prior to the date of the application and divide by 12. | (2) |
| (3) Subtract Line 2 from Line 1. If Line 3 is zero or less, stop here . The business is not eligible for this enterprise zone jobs credit. | (3) |

Schedules A through F. Complete the schedule(s) that apply to your business. Attach the relevant schedules in the formats shown below. See instructions for explanations of schedules and qualifications for credits.

| Schedule A - 20% Credit | | Business in Enterprise Zone | | | | | | | |
|---|----------|---------------------------------|-----------------------------|---------------|------------|---------------------------|-------------------|------------------------------------|-----------------------------------|
| A Employee Name, Street Address, City, and ZIP | B SSN | C ✓ Check if leased employee | D Enterprise Zone Number | Date Employed | | G Actual Monthly Wages | H Total Months | I Total Wages (Col. G X Col. H) | J Credit Amount (20% X Col. I) |
| | | | | E Began | F Ended | | | | |
| | | | | | | | | | |
| Total Credit Amount | | | | | | | | | |

| Schedule B - 30% Credit | | Business in Enterprise Zone | | | | | | | |
|---|----------|---------------------------------|-----------------------------|---------------|------------|---------------------------|-------------------|------------------------------------|-----------------------------------|
| A Employee Name, Street Address, City, and ZIP | B SSN | C ✓ Check if leased employee | D Enterprise Zone Number | Date Employed | | G Actual Monthly Wages | H Total Months | I Total Wages (Col. G X Col. H) | J Credit Amount (30% X Col. I) |
| | | | | E Began | F Ended | | | | |
| | | | | | | | | | |
| Total Credit Amount | | | | | | | | | |

| Schedule C - 30% Credit | | Business in Rural Enterprise Zone | | | | | | | |
|---|----------|-----------------------------------|------------------------|---------------|------------|---------------------------|-------------------|------------------------------------|-----------------------------------|
| A Employee Name, Street Address, City, and ZIP | B SSN | C ✓ Check if leased employee | D Rural County Name | Date Employed | | G Actual Monthly Wages | H Total Months | I Total Wages (Col. G X Col. H) | J Credit Amount (30% X Col. I) |
| | | | | E Began | F Ended | | | | |
| | | | | | | | | | |
| Total Credit Amount | | | | | | | | | |

| Schedule D - 45% Credit | | Business in Rural Enterprise Zone | | | | | | | |
|---|----------|-----------------------------------|------------------------|---------------|------------|---------------------------|-------------------|------------------------------------|-----------------------------------|
| A Employee Name, Street Address, City, and ZIP | B SSN | C ✓ Check if leased employee | D Rural County Name | Date Employed | | G Actual Monthly Wages | H Total Months | I Total Wages (Col. G X Col. H) | J Credit Amount (45% X Col. I) |
| | | | | E Began | F Ended | | | | |
| | | | | | | | | | |
| Total Credit Amount | | | | | | | | | |

| Schedule E - 40% to 44% Credit | | Business in Enterprise Zone – Employees in Welfare Transition Program | | | | | | | |
|---|----------|---|--|---------------|------------|---------------------------|-------------------|------------------------------------|--|
| A Employee Name, Street Address, City, and ZIP | B SSN | C ✓ Check if leased employee | D Credit % (40, 41, 42, 43, or 44) See Instructions | Date Employed | | G Actual Monthly Wages | H Total Months | I Total Wages (Col. G X Col. H) | J Credit Amount (40% to 44% X Col. I) |
| | | | | E Began | F Ended | | | | |
| | | | | | | | | | |
| Total Credit Amount | | | | | | | | | |

| Schedule F Permanent, full-time employees (enterprise zone residents) | | |
|---|------|---------------------------|
| Name | SSN | Enterprise zone ID number |
| Address | City | State, ZIP |

| Subschedule F Computation of the Allowable Credit | |
|---|-----|
| (1) Enter the number of permanent, full-time employees residing in an enterprise zone. Total must agree with Schedule F. | (1) |
| (2) Enter the number of permanent, full-time employees. | (2) |
| (3) Divide Line (1) by Line (2) and enter result here. Line (3) must be 20% or more to claim the increased credit on Schedule B or D. | (3) |

| PART II TAX LIABILITY LIMITATION AND COMPUTATION OF CREDIT. (SEE INSTRUCTIONS) | | |
|---|---------------------|----|
| 1. Enter amount of total tax due from Form F-1120, Page 1, Line 11. | | 1. |
| 2. Enter the amount of certain other credits against the tax from Form F-1120, Schedule V. | | |
| a. Florida Health Maintenance Organization Credits | 2a. | |
| b. Capital Investment Credit | 2b. | |
| | Total other credits | 2. |
| 3. Tax liability limitation (Line 1 minus Line 2). | | 3. |
| 4. Total credit allowable this year (Schedules A, B, C, D, and E, Column J) | | 4. |
| 5. Unused credit carryover from prior year (see instructions.) | | 5. |
| 6. Total credit available for this year (sum of Line 4 and Line 5). | | 6. |
| 7. Enterprise zone jobs credit allowed this year (Enter smaller of Line 3 or Line 6). Enter this amount on Form F-1120, Schedule V (Credits against the tax). | | 7. |
| 8. Unused credit carried forward to next year (Line 6 minus Line 7. If negative amount, enter zero). | | 8. |

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

_____ Date _____ Signature of business owner

I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

_____ Date _____ Signature of enterprise zone coordinator