



Florida Corporate Income/Franchise Tax Return

FEIN 59-2189967

For calendar year 2023
or tax year beginning

OCT 1

, 2023
ending

SEP 30, 2024

1019

F-1120, R. 01/24

Rule 12C-1.051
Florida Administrative Code
Effective 01/24
Page 1 of 6

843302024093000020050377359218996700009

Name SARASOTA CONVENTION & VISITORS BUREAU,
INC
Address 301 N CATTLEMEN ROAD, SUITE 203
City/State/ZIP SARASOTA, FL 34232

☐ Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - **Attach pages 1-5 of federal return** Check here if negative ☐ 0.00
2. State income taxes deducted in computing federal taxable income
(attach schedule) Check here if negative ☐
3. Additions to federal taxable income (from Schedule I) Check here if negative ☐
4. Total of Lines 1, 2 and 3 Check here if negative ☐ 0.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative ☐
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative ☐
7. Florida portion of adjusted federal income (see instructions) Check here if negative ☐ 0.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative ☐
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 0.00
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 _____ b) Other _____
c) Interest: F-2220 _____ d) Other _____ Line 14 Total ▶ _____
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$
Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

344081 11-28-23

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 09/30/24

1019
F-1120
R. 01/24

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name SARASOTA CONVENTION & VISITOR
INC
Address 301 N CATTLEMEN ROAD, SUITE 2
City/State/ZIP SARASOTA, FL 34232

If 6/30 year end, return is due 1st day of the 4th month after the close of the
taxable year, otherwise return is due 1st day of the 5th month after the close
of the taxable year.

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202	0	0	0
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8433 0 20240930 0002005037 7 3592189967 0000 9



SARASOTA CONVENTION & VISITORS BUREA

FEIN 59-2189967

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Page 2 of 6
09/30/24**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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	PRESIDENT
Paid preparers only	Preparer's signature	Preparer's PTIN	P01236261
	Preparer's signature	CLINTON A. SMITH	Date 06/25/25
Firm's name (or yours if self-employed) and address	HILL, BARTH & KING LLC	FEIN	34-1897225
	1777 MAIN STREET SUITE 301 SARASOTA, FL	ZIP	34236

All Taxpayers Must Answer Questions A through L Below - See Instructions

A. State of incorporation: FLORIDA	G-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
B. Florida Secretary of State document number: _____	FEIN from federal consolidated return: _____
C. Florida consolidated return? YES ☐ NO ☒	Name of corporation: _____
D. ☐ Initial return ☐ Final return (final federal return filed)	G-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒
E. Principal Business Activity Code (as pertains to Florida)	H. Location of corporate books:
541800	301 N CATTLEMEN ROAD, SUITE 203
F. A Florida extension of time was timely filed? YES ☐ NO ☒	City, State, ZIP: SARASOTA, FL 34232
G-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.	I. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
	J. Enter date of latest IRS audit: _____
	a) List years examined: _____
	K. Contact person concerning this return: ERIN DUGGAN
	a) Contact person telephone number: 941-955-0991
	b) Contact person e-mail address: EDUGGAN@VISITSARASOT
	L. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.

If Filing Paper Return**Where to Send Payments and Returns**

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN 59-2189967 TAXABLE YEAR ENDING 09/30/24

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. Live local program credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit program	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. s. 168(k), IRC, special bonus depreciation	22.
23. Depreciation of qualified improvement property (see instructions)	23.
24. Expenses for business meals provided by a restaurant (see instructions)	24.
25. Film, television, and live theatrical production expenses (see instructions)	25.
26. Other additions (attach schedule)	26.
27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27.

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
STATEMENT 1	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13.



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN 59-2189967 TAXABLE YEAR ENDING 09/30/24

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a. _____					
b. Rented property Everywhere 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____					
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN 59-2189967 TAXABLE YEAR ENDING 09/30/24

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. Live local program credit (attach certificate)	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. Other credits (attach schedule)	22.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
_____	_____
_____	_____
_____	_____
Total allocated to Florida (Enter here and on Page 1, Line 8)	1. _____

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN 59-2189967 TAXABLE YEAR ENDING 09/30/24

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,

1. Florida income expected in taxable year 1. \$ _____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of
Florida Form F-1120N) 2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2) 3. \$ _____
4. Total Estimated Florida tax (5.5% of Line 3) \$ _____
- Less: Credits against the tax \$ _____ 4. \$ _____
5. Computation of installments:
- Payment due dates and
payment amounts: If 6/30 year end, last day of 4th month,
otherwise last day of 5th month - Enter 0.25 of Line 4 5a. _____
- Last day of 6th month - Enter 0.25 of Line 4 5b. _____
- Last day of 9th month - Enter 0.25 of Line 4 5c. _____
- Last day of fiscal year - Enter 0.25 of Line 4 5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax 1. \$ _____
2. Less:
- (a) Amount of overpayment from last year elected for credit
to estimated tax and applied to date 2a. -- \$ _____
- (b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b. -- \$ _____
- (c) Total of Lines 2(a) and 2(b) 2c. \$ _____
3. Unpaid balance (Line 1 less Line 2(c)) 3. \$ _____
4. Amount to be paid (Line 3 divided by number of remaining installments) 4. \$ _____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2014	0%	0.	116,198.	116,198.	0.00
2015	0%	0.	148,574.	146,751.	1,823.00
2019	0%	0.	162,573.	0.	162,573.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					164,396.00

FILE COPY

FL F-1120	NET OPERATING LOSS DEDUCTION	STATEMENT 2
1. FLORIDA TAXABLE INCOME BEFORE NOL		0.
2. PRE-2018 NOL AVAILABLE	1,823.	
100% OF PRE-2018 NOL DEDUCTION		0.
3. POST-2017 NOL AVAILABLE	162,573.	
80% OF LINE 1	0.	
POST-2017 NOL DEDUCTION		0.
(LESSER OF POST-2017 AVAILABLE OR 80% OF TAXABLE INCOME)		
4. NOL DEDUCTION (LINE 2 PLUS LINE 3)		0.

FILE COPY



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DATA Page 1 of 2

592189967	0	0	0
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