

#### Florida Corporate Income/Franchise Tax Return

FEIN 59-2189967

For calendar year 2020 or tax year beginning OCT

OCT 1 ,2020 SEP 30, 2021

F-1120, R. 01/20 1019
Rule 12C-1.051
Florida Administrative Code
2 1 Effective 01/21
Page 1 of 6

#### 813302021093000020050379359218996700009

Name	SARASOTA CONVENTION & VISITORS INC	BUREAU,
Address	301 N CATTLEMEN ROAD, SUITE 20	3
	SARASOTA, FL 34232	
<u> </u>	ere if any changes have been made to name or address	
-	of Florida Net Income Tax	0.00
	taxable income (see instructions) - Attach pages 1-5 of federal retur	n Check here if negative 0 • 0 C
	ncome taxes deducted in computing federal taxable income	
	schedule)	
	ns to federal taxable income (from Schedule I)	
	f Lines 1, 2 and 3 ctions from federal taxable income (from Schedule II)	
	ed federal income (Line 4 minus Line 5)	
7. Florida	portion of adjusted federal income (see instructions)	
	siness income allocated to Florida (from Schedule R)	
	exemption	
	net income (Line 7 plus Line 8 minus Line 9)	
	e: 4.458% of Line 10	
	against the tax (from Schedule V)	
13. Total co	orporate income/franchise tax due (Line 11 minus Line 12)	0.00
	alty: F-2220 b) Other	
	rest; F-2220 d) Other	Line 14 Total
15. Total of	f Lines 13 and 14	
16. Paymer	nt credits: Estimated tax payments 16a \$ 1,860.	
	Tentative tax payment 16b \$	1,860.00
	mount due: Subtract Line 16 from Line 15. If positive, enter amount du	
If the a	mount is negative (overpayment), enter on Line 18 and/or Line 19	OVERPAYMENT
	Enter amount of overpayment credited to next year's estimated tax he	
19. Refund	Enter amount of overpayment to be refunded here and on payment of	Coupon
044081 10-20-2	0	
	Payment Coupon for Florida	Corporate Income Tax Return 101 F-112
	Do N	ot Detach YEAR ENDING 09/30/21 R. 01/2
		nclose your check with tax return when mailing.
		, and the second
	SARASOTA CONVENTION & VISITOR	
Name	INC	If 6/30 year end, return is due 1st day of the 4th month after the close of the
Address	301 N CATTLEMEN ROAD, SUITE 2	taxable year, otherwise return is due 1st day of the 5th month after the close
City/State/ZIP	SARASOTA, FL 34232	of the taxable year.
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#### SARASOTA CONVENTION & VISITORS BUREA

1019 F-1120 R. 01/20 Page 2 of 6 0 9 / 3 0 / 21

FEIN	59-2189967

-	This return is considered incomplete unless a copy of the eturn is not signed, or improperly signed and verified, it will be subject to a penalty. The fied. Your return must be completed in its entirety.	
anu venn	Under penalties of perjury, I declare that I have examined this return, including accompanying sched and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	, , , , , , , , , , , , , , , , , , , ,
Sign here		PRESIDENT
Paid preparers only	Preparer's signature CLINTON A. SMITH	Preparer check if self-employed Proparer's PTIN P01236261
	Firm's name (or yours if self-employed) and address SARASOTA, FL	FEIN ► 34-1897225  ZIP ► 34236
	All Taxpayers Must Answer Questions A thro	ugh M Below - See Instructions
B. Florida S	Secretary of State document number:  consolidated return? YES NO X  Name	of a federal consolidated return?  YES NO X If yes, provide:  from federal consolidated return:  e of corporation:  federal common parent has sales, property, or payroll in Florida?  YES NO X
54	11800  da extension of time was timely filed? YES NO X  ration is a member of a controlled group? YES NO X  If yes, attach list. J. Enter	tition of corporate books:  1 N CATTLEMEN ROAD, SUITE 203  State, ZIP: SARASOTA, FL 34232  vayer is a member of a Florida partnership or joint venture? YES NO X  r date of latest IRS audit:
L	K. Cont a) C b) C	act person concerning this return: VIRGINIA J. HALEY, C Contact person telephone number: VHALEY@VISITSARASOTA of federal return filed 1120 1120s or 990-T

#### Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

### 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 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue PO Box 6440

Tallahassee FL 32314-6440

#### 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.



. Interest excluded from federal taxable income (see instructions)	1.
. Undistributed net long-term capital gains (see instructions)	2.
. Net operating loss deduction (attach schedule)	3.
. Net capital loss carryover (attach schedule)	4.
. Excess charitable contribution carryover (attach schedule)	5.
. Employee benefit plan contribution carryover (attach schedule)	6.
. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
. Guaranty association assessment(s) credit	9.
D. Rural and/or urban high crime area job tax credits	10.
State housing tax credit	11.
2. Florida Tax Credit Scholarship Program Credits	12.
3. Florida Renewable energy production tax credit	13.
4. New markets tax credit	14.
5. Entertainment industry tax credit	15.
6. Research and Development tax credit	16.
7. Energy Economic Zone tax credit	17.
B. s. 168(k) IRC special bonus depreciation	18.
Other additions (attach schedule)	19.
0. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

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 \$		1.
(d) less direct and indirect expenses		
and related amounts deducted		
under s. 250, IRC \$	Total	
Gross subpart F income less attributable expenses		
(a) Enter s. 951, IRC subpart F income \$		
(b) less direct and indirect expenses \$	Total	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions) STATEMENT 1		3. 164,396.00
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.
Eligible net income of an international banking facility (see instructions)		8.
9. s. 179, IRC expense (see instructions)		9.
10. s. 168(k), IRC special bonus depreciation (see instructions)		10.
11. Other subtractions (attach statement)		11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.		<sub>12.</sub> 164,396.00



Sc	Schedule III - Apportionment of Adjusted Federal Income					
III-A	II-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 Decima 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 L	ines 1, 2, and 3, Column [e]). Ent	er here and on Schedule IV, Lin	e 2.		1.000000
	For use in computing avera			I FLORIDA	TOTAL E	VERYWHERE
(use	original cost).		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 a	assets				
3.	Land owned					
4.	Other tangible and intangible (financial o	rg. 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 Flo	rida) 6a			
	b. Add Line 5, Columns (c) and	(d) and divide by 2 (for total every	/where)		6b	
7.	Rented property (8 times net annu	ual rent)				
	a. Rented property in Florida		7a			
	b. Rented property Everywhere				7b	
8.	Total (Lines 6 and 7). Enter on Lin	ne 1, Schedule III-A, Columns (a)	and (b).			
	a. Enter Lines 6 a. plus 7 a. and	also enter on Schedule III-A, Lin	e 1,			
	Column (a) for total average p	property in Florida	8a			
	b. Enter Lines 6 b. plus 7 b. and	·				
	Column (b) for total average p	property Everywhere			8b	
III-C	Sales Factor				(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1.	Sales (gross receipts)	4			N/A	
2.	Sales delivered or shipped to Flo	rida purchasers				N/A
3.	Other gross receipts (rents, royal	ties, interest, etc. when applicabl	e)			
4.	TOTAL SALES (Enter on Schedule	e III-A, Line 3, Columns [a] and [b	<u> </u>			
III-D	Special Apportionment Fra	ctions (see instructions)		a) WITHIN FLORIDA	b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1.	Insurance companies (attach cop	y of Schedule T - Annual Report)				
2.	Transportation services					

So	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.			





Schedule V - Credits Against the Corporate Income/Franchise Tax	
Florida health maintenance organization credit (attach assessment notice)	1.
Capital investment tax credit (attach certification letter)	2.
Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
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.
Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11).	
Enter total credits on Page 1, Line 12	19.

Sch	edule R - Nonbusiness Income		<u> </u>		
Line 1.	Nonbusiness income (loss) allocated t	o Florida			_Amount
	Total allocated to Florida (Enter here and on Page 1, Line 8)	_		1	
Line 2.	Nonbusiness income (loss) allocated e	elsewhere			
	<u>Type</u>		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)				



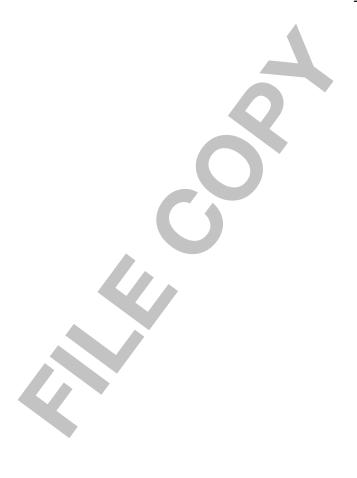
# Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

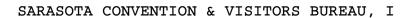
1.	Florida income expected in taxable y	ear		1.	\$ 164,396.00
2.	Florida exemption \$50,000 (Members	s of a controlled group, see instr	ructions on Page 14 of		
	Florida Form F-1120N)			2.	\$ 
3.	Estimated Florida net income (Line 1				\$ 
4.	Total Estimated Florida tax (4.458% of	of Line 3)	\$		
	Less: Credits against the tax		\$	4.	\$ 
5.	Computation of installments:				
	Payment due dates and	If 6/30 year end, last day of 4t	th month,		
	payment amounts:	otherwise last day of 5th mon	th - Enter 0.25 of Line 4	5a.	
			0.25 of Line 4		
		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 below to determine the amended a	change during the year, you mand	ay use the amended computation eclaration (Florida Form F-1120ES).		
1.	Amended estimated tax			1.	\$ 
2.	Less:				
	(a) Amount of overpayment from las	t year elected for credit			
	to estimated tax and applied to o	ate	2a \$		
	(b) Payments made on estimated tax dec	laration (Florida Form F-1120ES)	) 2b \$		
					\$ 
	Unpaid balance (Line 1 less Line 2(c))				\$ 
4.	Amount to be paid (Line 3 divided by	number of remaining installmen	nts)	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 Rule 12C-1.051, F.A.C. Corporate Income/Franchise Tax Form F-7004 Florida Tentative Income/Franchise Tax Return Rule 12C-1.051, F.A.C. and Application for Extension of Time to File Return Form F-1156Z Florida Enterprise Zone Jobs Credit Certificate of Rule 12C-1.051, F.A.C. Eligibility for Corporate Income Tax 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 Rule 12C-1.051, F.A.C. Income/Franchise Tax

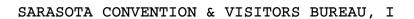
FL F-	FL F-1120 NET OPERATING LOSS CARRYOVERS				
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2014 2015 2019	0% 0% 0%	0. 0. 0.	116,198. 148,574. 162,573.	116,198. 146,751. 0.	0.00 1,823.00 162,573.00
TOTAL	NET OPERA	TING LOSS CARRYO	VER AVAILABLE		164,396.00







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