



Florida Corporate Income/Franchise Tax Return

FEIN \*\* - \*\*\* 9967

F-1120, R. 01/17 1019

For calendar year 2017 or tax year beginning OCT 1, 2017 ending SEP 30, 2018

SEP 30, 2018

Rule 12C-1.051 Florida Administrative Code Effective 01/17

8833020180930000200503723\*\*\*\*\*996700009

Name SARASOTA CONVENTION & VISITORS BUREAU, I
Address 1777 MAIN STREET
City/State/ZIP SARASOTA, FL 34236

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

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3, Subtractions from federal taxable income, Adjusted federal income, Florida portion of adjusted federal income, Nonbusiness income allocated to Florida, Florida exemption, Florida net income, Tax due, Credits against the tax, Total corporate income/franchise tax due, Total of Lines 13 and 14, Total amount due, Credit, Refund.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/17

Do Not Detach

YEAR ENDING 09/30/18

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

Name SARASOTA CONVENTION & VISITOR
Address 1777 MAIN STREET
City/State/ZIP SARASOTA, FL 34236

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.

Table with 4 columns: Input field, Input field, Input field, Input field. Values include 592189967, 20171001, 20180930, 00000000, 012, 202, 0, 0.



SARASOTA CONVENTION & VISITORS BUREA

1019

F-1120

R. 01/17

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FEIN                     \*\* - \*\*\*9967                    

09/30/18

**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	Preparer's PTIN
			<b>PRESIDENT</b>	<b>P01236261</b>
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	
	<b>CLINTON A. SMITH</b>	<b>02/26/19</b>		
	Firm's name (or yours if self-employed) and address	FEIN	ZIP	
	<b>HILL, BARTH &amp; KING LLC</b> <b>1777 MAIN STREET SUITE 301</b> <b>SARASOTA, FL</b>	<b>** - ***7225</b>	<b>34236</b>	

**All Taxpayers Must Answer Questions A through M Below See Instructions**

A. State of incorporation: \_\_\_\_\_

B. Florida Secretary of State document number: \_\_\_\_\_

C. Florida consolidated return? YES  NO

D.  Initial return  Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.)  General Rule  
 Election A  Election B

F. Principal Business Activity Code (as pertains to Florida)  
**541800**

G. A Florida extension of time was timely filed? YES  NO

H-1. Corporation is a member of a controlled group? YES  NO  If yes, attach list.

H-2. Part of a federal consolidated return? YES  NO  If yes, provide:  
FEIN from federal consolidated return: \_\_\_\_\_  
Name of corporation: \_\_\_\_\_

H-3. The federal corporation has sales, property, or payroll in Florida? YES  NO

I. Location of corporate books:  
**1777 MAIN STREET**  
City, State, ZIP: **SARASOTA, FL 34236**

J. Taxpayer is a member of a Florida partnership or joint venture? YES  NO

K. Enter date of latest IRS audit: \_\_\_\_\_

a) List years examined: \_\_\_\_\_

Contact person concerning this return: **VIRGINIA J. HALEY, C**  
Contact person telephone number: **941-955-0991**  
b) Contact person e-mail address: **VHALEY@VISITSARASOTA**

L. Type of federal return filed  1120  1120S or **990-T**

**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.**



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN \*\* - \*\*\*9967 TAXABLE YEAR ENDING 09/30/18

Schedule I - Additions and/or Adjustments to Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)		1.	1.
2. Undistributed net long-term capital gains (see instructions)		2.	2.
3. Net operating loss deduction (attach schedule)	<b>STATEMENT 3</b>	3. <b>104,265.00</b>	3.
4. Net capital loss carryover (attach schedule)		4.	4.
5. Excess charitable contribution carryover (attach schedule)		5.	5.
6. Employee benefit plan contribution carryover (attach schedule)		6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)		7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)		8.	8.
9. Guaranty association assessment(s) credit		9.	9.
10. Rural and/or urban high crime area job tax credits		10.	10.
11. State housing tax credit		11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations		12.	12.
13. Renewable energy tax credits		13.	13.
14. New markets tax credit		14.	14.
15. Entertainment industry tax credit		15.	15.
16. Credits for spaceflight projects		16.	16.
17. Research and Development tax credit		17.	17.
18. Energy Economic Zone tax credit		18.	18.
19. s. 168(k) IRC special bonus depreciation		19.	19.
20. Other additions (attach schedule)		20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.		21. <b>104,265.00</b>	21.

Schedule II - Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses			
(a) Enter s. 78, IRC income \$ _____			
(b) plus s. 862, IRC dividends \$ _____			
(c) less direct and indirect expenses \$ _____	Total ▶	1.	1.
2. Gross subpart F income less attributable expenses			
(a) Enter s. 951, IRC subpart F income \$ _____			
(b) less direct and indirect expenses \$ _____	Total ▶	2.	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)	<b>STATEMENT 2</b>	3. <b>163,154.00</b>	3.
4. Florida net capital loss carryover deduction (see instructions)		4.	4.
5. Florida excess charitable contribution carryover (see instructions)		5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)		6.	6.
7. Nonbusiness income (from Schedule R, Line 3)		7.	7.
8. Eligible net income of an international banking facility (see instructions)		8.	8.
9. s. 179, IRC expense (see instructions)		9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)		10.	10.
11. Other subtractions (attach statement)		11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.		12. <b>163,154.00</b>	12.



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN \*\* - \*\*\*9967 TAXABLE YEAR ENDING 09/30/18

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(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.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	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. _____		6b. _____		
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____		7b. _____		
b. Rented property Everywhere					
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. _____		
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	<b>N/A</b>		<b>N/A</b>		
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
<b>III-D Special Apportionment Fractions (see instructions)</b>	(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					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN \*\*-\*\*\*9967 TAXABLE YEAR ENDING 09/30/18

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization 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. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

<b>Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)</b>	
1. Federal alternative minimum taxable income after exemption (attach federal Form 462)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME SARASOTA CONVENTION & VISITORS BUREAU FEIN \*\* - \*\*\*9967 TAXABLE YEAR ENDING 09/30/18

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida .....	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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, 2018**

1. Florida income expected in taxable year .....	1.	\$	- 58,889.00
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 .....		\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
5. Computation of installments:			
Payment due dates and	If 6/30 year end, last day of 4th month,		
payment amounts:	otherwise last day of 5th month - Enter 0.25 of Line 4 .....		
	5a.	\$	_____
	5b.	\$	_____
	5c.	\$	_____
	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.	\$	_____

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 2

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2014	0%	0.	116,198.	101,618.	14,580.00
2015	0%	0.	148,574.	0.	148,574.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					163,154.00

FILE COPY

FL F-1120

FEDERAL CARRYOVER DEDUCTIONS

STATEMENT 3

CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME	AMOUNT	AMT AMOUNT
NET OPERATING LOSS	104,265.00	
NET CAPITAL LOSS		
EXCESS CHARITABLE CONTRIBUTION		
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION		

FILE COPY





FEIN     \*\* - \*\*\*9967    

DATA Page 1

592189967	0	0	0
10426500	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	16315400
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
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0	10426500	0	0
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