



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

F-1156Z
R. 07/06

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) Enter the number of permanent, full-time jobs on the date 12 months prior to the date of application.	(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	
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