

#### Florida Corporate Income/Franchise Tax Return

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

OCT 1 ,2021 SEP 30, For calendar year 2021 or tax year beginning

2022

F-1120, R. 01/22 1019
Rule 12C-1.051
Florida Administrative Code
Effective 01/22
Page 1 of 6

8133020220930000200503763\*\*\*\*996700009

			CONVENTION & V	ISITORS	BUREAU,			
Name		INC			•			
Addre			TTLEMEN ROAD, S	OTTE 203	)			
City/S		SARASOTA						
	Check her	e if any changes have be	een made to name or address					
Comp	utation o	f Florida Net Incom	a Tav					
			instructions) - Attach pages 1-5	of federal return	Chack hare if negative			0.00
2.			I in computing federal taxable inc		Officer field if flegative			0.00
۷.					Check here if negative			
3			ncome (from Schedule I)		•	—		
4.					Check here if negative			0.00
5.	Subtract	tions from federal ta	xable income (from Schedule II)		Check here if negative		164.	396.00
6.			ne 4 minus Line 5)		Check here if negative	X		396.00
7.			ederal income (see instructions)			X		396.00
8.			ed to Florida (from Schedule R)				,	
9.								0.00
10.		net income (Line 7 p	lus Line 8 minus Line 9)					0.00
11.		3.535% of Line 10						0.00
12.			Schedule V)					
13.	Total co	rporate income/franc	chise tax due (Line 11 minus Line	: 12)				0.00
14.								
			d) Other		Line 14 Total			
15.	Total of							
16.			tax payments 16a \$					
		Tentative t	tax payment 16b \$					
17.	Total am	ount due: Subtract I	ine 16 from Line 15. If positive,	enter amount due	here and on payment co	upon.		
	If the an	nount is negative (ov	rerpayment), enter on Line 18 and	d/or Line 19				
18.	Credit: E	nter amount of over	payment <b>credited</b> to next year's o	estimated tax her	e an <mark>d on</mark> payment coupor	1		
19.	Refund:	Enter amount of ove	erpayment to be <b>refunded</b> here <b>a</b> r	nd on payment co	oupon			
144081	I 10-21-21							
		Paym	ent Coupon for	Florida	Corporate In	come Tay	Return	1019
		i dyiii	ient ooupon ioi	Tiorida	oorporate ii			F-1120
				Do No	t Detach	YEAR ENDING _	09/30/22	R. 01/22
			To ensure proper credit to y	our account, end	lose your check with tax i	eturn when mailing.		
		SARASOTA	CONVENTION & V	TSTTOR				
Nama		INC	CONVENTION & V		If 6/20 year and raturn is	due 1et day of the 4	th month after the alone o	f tha
Name Addre			TTLEMEN ROAD, S				th month after the close o of the 5th month after the	
	tate/ZIP	SARASOTA			of the taxable year.	ciui ii s uuc isi uay i	or the 5th month after the	61036
UILY/U	itate/ZIF		, 11 34232	,	of the taxable year.			
	21899		0	0		0		
	21100		16439600	0		0		
	22093		-16439600	0		0		
	0000	0	0.00000	0		0		
012			16439600	0		0		
202	2		0	0		0		
0			0	0		0		



## SARASOTA CONVENTION & VISITORS BUREA

\*\*\*0067

1019 F-1120 R. 01/22 Page 2 of 6

	FEIN	09/30/22
-	·	ss a copy of the federal return is attached. I penalty. The statute of limitations will not start until your return is properly signed
	Under penalties of perjury, I declare that I have examined this return, including accompand complete. Declaration of preparer (other than taxpayer) is based on all information	anying schedules and statements, and to the best of my knowledge and belief, it is true, correct, 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 CLINTON A. SMITH  Date 07/1	
	Firm's name (or yours if self-employed) and address HILL, BARTH & KING LLC 1777 MAIN STREET SUITE SARASOTA, FL	FEIN ► **-***7225 301 ZIP ► 34236
	All Taxpayers Must Answer Questions	A through M Below - See Instructions
	incorporation: FLORIDA Secretary of State document number:	G-2. Part of a federal consolidated return? YES NO X If yes, provide:  FEIN from federal consolidated return:
	consolidated return? YES NO X Initial return Final return (final federal return filed)	Name of corporation:  G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
	I Business Activity Code (as pertains to Florida)	H. Location of corporate books:  301 N CATTLEMEN ROAD, SUITE 203  City, State, ZIP: SARASOTA, FL 34232
	a extension of time was timely filed? YES NO X tion is a member of a controlled group? YES NO X If yes, attach list.	Taxpayer is a member of a Florida partnership or joint venture? YES NO X      Enter date of latest IRS audit:
		a) List years examined:  Contact person concerning this return:  a) Contact person telephone number:  VIRGINIA J. HALEY, C  941-955-0991

#### 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

P0 Box 6440

Tallahassee FL 32314-6440

## Remember:

Type of federal return filed 1120

Make your check payable to the Florida Department of Revenue.

b) Contact person e-mail address: VHALEY@VISITSARASOTA

1120S or 990-T

- ✓ 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.
Rural and/or urban high crime area job tax credits	10.
State housing tax credit	11.
2. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
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.
8. s. 168(k) IRC special bonus depreciation	18.
9. Qualified Improvement Property Decoupling.	19.
10. Business Meal Expenses at a Restaurant.	20.
Film, Television, and Live theatrical production expenses.	21.
2. Other additions (attach schedule)	22.
3. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

Sc	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 \$	1.				
	(d) less direct and indirect expenses					
	and related amounts deducted					
	under s. 250, IRC \$ Total					
2.	Gross subpart F income less attributable expenses					
	(a) Enter s. 951, IRC subpart F income \$					
	(b) less direct and indirect expenses \$ Total	2.				
Note	e: 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	<u>,396</u>	.00	
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. 179, IRC expense (see instructions)	9.				
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10.				
11.	Depreciation of qualified improvement property	11.				
12.	Film, Television, and Live Theatrical Expenses.	12.				
13.	Other subtractions (attach statement)	13.				
14.	Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.	164	,396	.00	



Sc	Schedule III - Apportionment of Adjusted Federal Income						
	For use by taxpayers doing	•			services.		
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERI (Denominator)	(c)	(d) Weight	(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]). Ente	er here and on Schedule IV, L	ine 2.		1.000000	
III-B	For use in computing avera	age value of property	WITH	IIN 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)				4		
	6. Average value of property a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 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 b. Rented property Everywhere  7b.						
III-C	Sales Factor				TOTAL WITHIN FLORIDA (Numerator)	TOTAL EVERYWHERE (Denominator)	
1.	Sales (gross receipts)				N/A	N/A	
2.	Sales delivered or shipped to Flo					IN/A	
3.	Other gross receipts (rents, royal						
	TOTAL SALES (Enter on Schedule Special Apportionment Fra			(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						

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.
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 (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (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		
Line 1.	Nonbusiness income (loss) allocated to Florid <u>Type</u>	la	_Amount
	Total allocated to Florida		
	(Enter here and on Page 1, Line 8)		
Line 2.	Nonbusiness income (loss) allocated elsewhe	re	
	<u>Type</u>	State/country allocated to	_Amount_
	Total allocated elsewhere		
Line 3.	Total nonbusiness income		
	Grand total. Total of Lines 1 and 2	3	i
	(Enter here and on Schedule II, Line 7)		



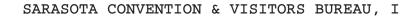
# Estimated Tax Worksheet For Taxable Years Beginning On or After January 1,

		<del>_</del>		•			
1.	Florida income expected in taxable ye	ear		1	١.	\$_	-164,396.00
	Florida exemption \$50,000 (Members						
				2	2.	\$	
3.	Estimated Florida net income (Line 1				3.	\$	
	Total Estimated Florida tax (5.5% of L						
	Less: Credits against the tax				1.	\$	
5.	Computation of installments: Payment due dates and payment amounts:	If 6/30 year end, last day of 4 otherwise last day of 5th mor Last day of 6th month - Enter Last day of 9th month - Enter	th month, nth - Enter 0.25 of Line 4 0.25 of Line 4	5a 	• a. o.	_	
				A		_	
		Last day of fiscal year - Enter	0.25 of Line 4	50	1.	_	
	NOTE: If your estimated tax should	change during the year, you m	nay use the amended com	nutation			
	below to determine the amended a	mounts to be entered on the de	eclaration (Florida Form F-	1120ES).			
1.	Amended estimated tax			1	١.	\$	
2.	Less:						
	(a) Amount of overpayment from las-	t year elected for credit					
	to estimated tax and applied to d	ate	2a \$				
	(b) Payments made on estimated tax dec						
				20	).	\$	
3.	Unpaid balance (Line 1 less Line 2(c))				3.	\$	
	Amount to be paid (Line 3 divided by				1.	\$ —	
						. –	

## References

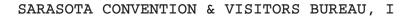
The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms. Form F-2220 Underpayment of Estimated Tax on Florida Rule 12C-1.051, F.A.C. Corporate Income/Franchise Tax Form F-7004 Florida 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		0.	116,198. 148,574.	116,198. 146,751.	0.00 1,823.00	
2019 TOTAL	0% NET OPERA	0. FING LOSS CARRYO	162,573. VER AVAILABLE	0.	162,573.00	





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		DATA Page 2 of 2	
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