



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
 2601 BLAIR STONE ROAD • TALLAHASSEE, FL 32399-1022

DBPR Form AB&T
 4000A-100-1W
 Rev. 12/03

ALCOHOLIC BEVERAGE DISTRIBUTOR'S MONTHLY REPORT
WINE

IMPORT DOMESTIC

Prepare in TRIPLICATE. Submit ORIGINAL and FIRST COPY to the AUDITING DISTRICT OFFICE of the DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO. SECOND COPY is to be retained by the licensee. This report and payment must be filed in accordance with the provisions of Chapter 561, Florida Statutes, on or before the tenth day of the month following the month being reported. Make remittances payable to the "Division of Alcoholic Beverages and Tobacco". Distributors paying \$50,000 or more in excise taxes per year must remit tax payments through electronic funds transfer, as prescribed by Chapter 561.111, Florida Statutes.

Licensee Name _____ Phone No. (____) _____ License No. _____

Address _____ City _____ FL Zip _____

Month Reported _____ 20____ Reporting Period _____ through _____

This report is true and correct to the best of my knowledge and belief and is submitted under penalty of perjury.

 Typed or Printed Name _____
 Authorized Signature

COMPUTATION OF TAX

| | | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------|----|
| 1. | Gallons -- under 17.259% | @ \$ 2.25 per gallon | \$ |
| 2. | Gallons -- 17.259% or More | @ \$ 3.00 per gallon | \$ |
| 3. | Gallons -- Natural Sparkling | @ \$ 3.50 per gallon | \$ |
| 4. | Gallons -- Apple Cider | @ \$ 0.89 per gallon | \$ |
| a. | Gallons of Wine Coolers (included within Line 1 Tax Calculations) | | |
| 5. Gross Tax Upon Wine (Lines 1, 2, 3, & 4) | | | \$ |
| 6. Breakage / Spoilage Deduction (Line 5 x .0049) | | | \$ |
| 7. Subtotal (Line 5 minus line 6) | | | \$ |
| 8. Less: Discount of 1.9% (Does not apply if Report or Payment is filed late) | | | \$ |
| 9. Certificate of Credit (if any approved by DAB&T) No. | | | \$ |
| 10. Net Amount Excise Tax (Line 7 minus lines 8 & 9) | | | \$ |

Import 40033 / Domestic 40030

DAB&T USE ONLY

| Report Receipt | | Payment Verification | | Field Review | | Central Processing | |
|-------------------|------|----------------------|------|---------------------|------|----------------------|------|
| | In/s | | In/s | | In/s | | In/s |
| Postmark Date | | Receipt Number | | Initial Review Date | | Initial Receipt Date | |
| Delivery Date | | Payment Date | | Amended Date | | Completed Date | |
| Delinquent Action | | Excise Tax Paid | | Amended Amount | | | |