



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-150-1
 Rev. 11/04

WAREHOUSE REPORT

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".

Name _____ Phone No. _____ License No. _____

Address _____ City _____ FL Zip _____

Month Reported _____ 20____ For 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

REPORT TYPE: Choose one

Beer

Wine

Liquor

BEER	16 OZ or LESS	> 16 OZ - 32 OZ	BULK GALLONS	
WINE	UNDER 17.259%	17.259% or MORE	NATURAL SPARKLING	CIDER
LIQUOR	UNDER 17.259%	17.259% - 55.78%	OVER 55.78%	

SUMMARY OF RECEIPTS

1. In-State Receipts				
2. Out-of-State Receipts				
3. Total Receipts (Transfer to Line 10)				

SUMMARY OF DEDUCTIONS

4. Breakage / Spoilage				
5. Shipped to Florida Distributors				
6. Shipped Out-of-State				
7.				
8. Total Deductions (Transfer to Line 13)				

SUMMARY OF TRANSACTIONS

9. *Beginning Inventory				
10. Received				
11.				
12. Totals to Account For				
13. Deductions				
14. Total Accounted For				
15. Ending Inventory				

*Inventory is to be dated from the last day of the previous month.

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	
Delinquency Action		Excise Tax Paid		Amended Amount			