



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-160
 Rev. 12/03

PASSENGER CARRIER REPORT
 Report for AIRLINES & RAILROADS

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 for a period of three years. This report and payment must be filed in accordance with the provisions of Chapter 565, Florida Statutes, on or before the fifteenth day of the month following the month being reported. Make remittances payable to the "Division of Alcoholic Beverages and Tobacco".

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 TAXES

1. MILEAGE							
a. Florida Revenue Passenger Miles:	_____						
b. System Revenue Passenger Miles:	_____						
c. Percentage Allocated to Florida: (Divide line 1a / 1b)	_____	%					
2. INFORMATIONAL DATA	BEER	WINE			LIQUOR		
	Pints	Gallons Natural Sparkling	Gallons over 17.259%	Gallons under 17.259%	Gallons over 55.78%	Gallons 17.259% - 55.78%	Gallons under 17.259%
a. Beginning Inventory							
b. Purchases							
c. Total to be accounted for (Add lines 2a + 2b)							
d. Sales/Usage Out-of-State							
e. Sales/Usage In-State							
f. Total Sales/Usage (Add lines 2d + 2e)							
g. Ending Inventory (Subtract lines 2c - 2f)							
3. TAX COMPUTATION							
a. Total Subject to Tax (Line 1c x 2f)							
b. Tax Rates	0.06	3.50	3.00	2.25	9.53	6.50	2.25
c. Amount of Tax Due per Category	\$	\$	\$	\$	\$	\$	\$
4. TOTAL TAX TO BE REMITTED WITH THIS REPORT (Add each column on line 3c)						\$	

Beer 40031 - Wine 40033 - Liquor 40035

DAB&T USE ONLY

Report Receipt		In/ls	Payment Verification		In/ls	Field Review		In/ls	Central Processing		In/ls
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					