



**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-160A  
 Rev. 12/03

**PASSENGER CARRIER REPORT**  
**Report for CRUISE LINES**

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**

**BEER (Malt Beverages)**

1.	_____ PINTS or LESS, 8oz, 12oz, 16oz @ \$ 0.06 each	
2.	_____ QUARTS, 17oz to 32oz @ \$ 0.12 each	
3.	_____ GALLONS Bulk, Draft beer only @ \$ 0.48 each	
<b>4. TOTAL FOR BEER</b>		

**WINE (Vinous Beverages)**

5.	_____ Gallons, UNDER 17.259% @ \$ 2.25 each	
6.	_____ Gallons, 17.259% or MORE @ \$ 3.00 each	
7.	_____ Gallons, NATURAL SPARKLING @ \$ 3.50 each	
8.	_____ Gallons, CIDER @ \$ 0.89 each	
<b>8. TOTAL FOR WINE</b>		

**LIQUOR (Spiritous Beverages)**

9.	_____ Gallons, UNDER 17.259% @ \$ 2.25 each	
10.	_____ Gallons, 17.259% to 55.78% @ \$ 6.50 each	
11.	_____ Gallons, OVER 55.78% @ \$ 9.53 each	
<b>12. TOTAL FOR LIQUOR</b>		

**TOTAL TAX TO BE REMITTED WITH THIS REPORT**

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Beer 003020 - Wine 003025 - Liquor 003030

**DAB&T USE ONLY**

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