



**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-200  
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 Revised 02/08  
 61A-10.011 FAC

**CIGARETTE DISTRIBUTING AGENT'S REPORT**

Prepare in TRIPLICATE. Submit ORIGINAL and FIRST COPY to the AUDITING 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 210, 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".

Permit Name \_\_\_\_\_ Permit No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Month Reported \_\_\_\_\_ Yr \_\_\_\_\_ 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

**SUMMARY OF TRANSACTIONS**

|  | 20s | 25s |
|--|-----|-----|
| 1. Beginning Balance                           |     |     |
| 2. Received                                    |     |     |
| 3. Returns From Distributors                   |     |     |
| 4. Total To Be Accounted For (Lines 1, 2, & 3) |     |     |
| 5. Shipped In-State                            |     |     |
| 6. Shipped Out-of-State                        |     |     |
| 7.   |     |     |
| 8. Total Accounted For (Lines 5, 6, 7)         |     |     |
| 9. Ending Balance                              |     |     |
| 10. Actual Inventory                           |     |     |
| 11. Over / Short (Lines 9 minus line 10)       |     |     |

**DAB&T USE ONLY**

| REPORT RECEIPT     |  | In's | PAYMENT VERIFICATION |  | In's | FIELD REVIEW        |  | In's | CENTRAL PROCESSING   |  | In's |
|--------------------|--|------|----------------------|--|------|---------------------|--|------|----------------------|--|------|
| Postmark Date      |  |      | Receipt No.          |  |      | Initial Review Date |  |      | Initial Receipt Date |  |      |
| Delivery Date      |  |      | Payment Date         |  |      | Amended Date        |  |      | Completed Date       |  |      |
| Delinquency Action |  |      | Excise Tax Paid      |  |      | Amended Amount      |  |      |                      |  |      |