



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-205-1
 Revised 6/09
 61A-10.011 FAC
 Effective ()

TAXABLE CIGARETTE WHOLESALE DEALER'S 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 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 _____ Phone No. () _____ 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

STAMP PURCHASES

C = Cash Payment D = Deferred Payment

C D	Date	Invoice/Receipt Number	20s	25s	Excise Tax	Surcharge
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

TOTAL STAMPS (Transfer to line 2 below)							
					Total Purchases	\$	\$
Less: Applicable DAB&T Approved Credit(s) # _____ # _____						\$	\$
Less: Indian Coupons (from Page 6)						\$	\$
Less: Cash Paid						\$	\$
Net Excise Tax and Surcharge Due With This Report						\$	\$

STAMP USAGE

	10s	20s	25s
1 Beginning Balance on Hand (Ending balance of previous month)			
2 Total Purchased (From TOTAL STAMPS line above)			
3 Total Available For Use (Add line 1 and line 2)			
4 Total Used (Number of stamps placed on packages during month)			
5 Total Lost or Destroyed (Attach approved documentation)			
6 Total Accounted For (Add line 4 and line 5)			
7 Ending Balance on Hand (Line 3 less line 6)			

DAB&T USE ONLY

REPORT RECEIPT	In/s	EXCISE PAYMENT VERIFICATION	In/s	SURCHARGE PMT VERIF	In/s	FIELD REVIEW	In/s
Postmark Date		Receipt Number		Receipt Number		Initial Review Date	
Delivery Date		Payment Date		Payment Date		Amended Date	
Delinquent Action		Excise Tax Paid		Surcharge Paid		Amended Amount	