

# CIGARETTE REPORT SUMMARY

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

For the Month of \_\_\_\_\_ Yr \_\_\_\_\_ Reporting Period \_\_\_\_\_ through \_\_\_\_\_

<b>CIGARETTE PACKAGE TRANSACTIONS</b>	20s		_____s	
	Stamped	Unstamped	Stamped	Unstamped
1. Balance on Hand				
2. Purchased In-State				
3. Purchased Out-of-State				
4. Returns to Stock -- Tax Paid				
5. Cigarettes Restamped	-	+	-	+
6. Stamps Cancelled	-	+	-	+
7. Other _____				
8. Total Before Stamping (Lines 1 thru 7)				
9. Stamped This Period	+	-	+	-
10. Total To Be Accounted For (Line 8 plus 9)				
11. Sold in County Areas				
12. Sold to Florida CWDs				
13. Sold Out-of-State				
14. Sold to Military				
15. Returns to Factory				
16. Other _____				
17. Indian Sales				
18. Total Accounted For (Lines 11 thru 17)				
19. Book Balance (Line 10 less line 18)				
20. Actual Inventory				
21. Over (+) / Short (-) (Line 20 less line 19)				

