

# CIGARETTE REPORT DETAIL

Permit Name \_\_\_\_\_ of \_\_\_\_\_ Permit No. \_\_\_\_\_  
 For the Month of \_\_\_\_\_ Yr \_\_\_\_\_ Reporting Period \_\_\_\_\_ through \_\_\_\_\_

## PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction.  
 Totals will be forwarded to applicable line on page 2 of the report.

TRANSACTION TYPE (Check one)

<input type="checkbox"/> Purchased In-State* (Line 2)	<input type="checkbox"/> Sales to Florida CWDs* (Line 12)	<input type="checkbox"/> Returns to Factory (Line 15)
<input type="checkbox"/> Purchased Out-of-State* (Line 3)	<input type="checkbox"/> Sold Out-of-State (Line 13)	<input type="checkbox"/> _____ (Line 16)
<input type="checkbox"/> _____ (Line 7)	<input type="checkbox"/> Sales to Military (Line 14)	<input type="checkbox"/> Indian Sales (Line 17)

\*Record Florida permit number for distributors or manufacturers purchasing or selling product

* Florida Permit No.	Name and Address of Supplier or Purchaser	Date	Invoice Number	20s	
				<input type="checkbox"/> Stamped <input type="checkbox"/> Unstamped	<input type="checkbox"/> Stamped <input type="checkbox"/> Unstamped
Subtotal This Page					
Transaction Total <i>(Transfer all transaction totals to applicable line on Summary Page)</i>					

