



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-220
 Revised 6/09
 61A-10.010 FAC
 Effective ()

PASSENGER CARRIER CIGARETTE 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 for a period of three years. 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".

License Name _____ Phone No. () _____ License No. _____

Address _____ City _____ FL Zip _____

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 AND COMPUTATION OF TAXES

PACKAGE SIZE	UNITS SOLD	EXCISE RATE	EXCISE TAX	SURCHARGE RATE	SURCHARGE
Packages of Ten or Less (10s)		\$ 0.1695	\$	\$ 0.50	\$
Packages of Twenty (20s)		\$ 0.3390	\$	\$1.00	\$
Packages of Twenty-five (25s)		\$ 0.42375	\$	\$ 1.25	\$
Packages of *		\$	* \$		\$
		EXCISE TAX DUE	\$	SURCHARGE DUE	\$

TOTAL AMOUNT DUE \$

*Tax rates are based upon standard packages of twenties, 120 mm long or less. Please contact the Division for rates on packages of other quantities or lengths.

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 No			Receipt No.			Initial Review Date		
Delivery Date			Payment Date			Payment Date			Amended Date		
Delinquent Action			Excise Tax Paid			Surcharge Paid			Amended Amount		