



**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-225  
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 Revised 02/08  
 61A-10.011 FAC

**TAXPAID CIGARETTE WHOLESALE DEALER'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 \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ Permit No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ 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**

Stamped 20s Stamped \_\_\_\_\_ s

1. Beginning Balance		
2. Purchased Tax-paid		
3. Returns to Stock		
4.		
5. Total to Account For (Add lines 1 thru 4)		
6. Sold in County Areas		
7. Sold to Florida Wholesalers		
8.		
9. Total Accounted For (Add lines 6 thru 8)		
10. Book Balance (Line 5 minus line 9)		
11. Inventory (Actual)		
12. Over / Short (Line 11 minus line 10)		

**DAB&T USE ONLY**

REPORT RECEIPT		In's	FIELD REVIEW		In's	CENTRAL PROCESSING		In's
Postmark Date			Initial Review Date			Initial Receipt Date		
Delivery Date			Amended Date			Completed Date		
Delinquency Action			Amended Amount					