



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-251
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 Revised 02/08
 61A-10.0091 FAC

OUT OF STATE CIGARETTE MANUFACTURER'S RETURN DETAIL REPORT

Permit Name _____ of _____ Permit No. _____

For the Month of _____ 20____ Reporting Period _____ through _____

DETAIL OF RETURNS FROM FLORIDA DISTRIBUTORS

				NUMBER OF PACKS					
				10's		20's		25's	
Permit No.	FLORIDA DISTRIBUTOR Name and Address	Invoice No.	Date Received	Stamped	Unstamped	Stamped	Unstamped	Stamped	Unstamped
Transaction Total (Transfer total of stamped and unstamped to page 1, line 2)									

