



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
 1940 NORTH MONROE STREET • TALLAHASSEE FL 32399-1022

DBPR Form AB&T
 4000A-256
 Page 3 of 3
 Revised 02/08
 61A-10.0091 FAC

OUT OF STATE CIGARETTE IMPORTER'S RETURN DETAIL REPORT

Permit Name _____ of _____ Permit No. _____

For the Month of _____ Yr _____ 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)									