



**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-256  
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 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
<b>Transaction Total</b> (Transfer total of stamped and unstamped to page 1, line 2)									