



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-300-1
 Revised 06/09
 61A-10.052 FAC
 Effective ()

IN-STATE TOBACCO PRODUCTS 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". Distributors paying \$50,000 or more in excise taxes per year must remit tax payments through electronic funds transfer, as prescribed by Chapter 210.31, Florida Statutes.

Permit Name _____ Phone No. () _____ Permit 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 TAX

1.	TOTAL PURCHASES		\$ _____
2.	LESS: Sales to Government Stores	\$ _____	
3.	Sales Out-of-State	\$ _____	
4.	Returns to Factory	\$ _____	
5.	Products Destroyed	\$ _____	
6.	_____	\$ _____	
7.	TOTAL DEDUCTIONS (Total of lines 2 thru 6)	\$ _____	
8.	NET TAXABLE PURCHASES (Line 1 minus Line 7)	\$ _____	
9a.	EXCISE TAX at 25% of WSP (Line 8 X .25)	\$ _____	9b. SURCHARGE at 60% of WSP (Line 8 X .60) \$ _____
10.	LESS: 1% COLLECT ALLOW (Line 9a X .01)	\$ _____	
11a.	LESS: CREDIT CERTIFICATE (EXCISE)	\$ _____	11b. LESS: CREDIT CERTIFICATE (SURCHARGE) \$ _____
12a.	EXCISE TAX DUE (Line 9a minus 10 minus 11a.)	\$ _____	12b. SURCHARGE DUE (Line 9b minus 11b.) \$ _____
13.	TOTAL AMOUNT TO BE REMITTED WITH THIS REPORT (Line 12a plus 12b)		\$ _____

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	
Delinquency Action		Excise Tax Paid		Surcharge Paid		Amended Amount	