



**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-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     |      | EXCISE PAYMENT VERIFICATION |      | SURCHARGE PMT VERIF |      | FIELD REVIEW        |      |
|--------------------|------|-----------------------------|------|---------------------|------|---------------------|------|
|                    | In's |                             | In's |                     | In's |                     | 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      |      |