

TOBACCO PRODUCTS WHOLESALE DEALER'S REPORT DETAIL

Permit Name _____ of _____ FL

For the Month of _____ Yr _____ Reporting Period _____ through _____

PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction.

- | | |
|--|--|
| <input type="checkbox"/> Purchases (Line 1) | <input type="checkbox"/> Sales Out-of-State (Line 3) |
| <input type="checkbox"/> Sales to Government Stores (Line 2) | <input type="checkbox"/> Returns to Factory (Line 4) |

Date	Invoice Number	Name and Address of Supplier or Purchaser	Wholesale Sales Price
Transaction Total <i>(Transfer all transaction totals to applicable line on Summary Page)</i>			

