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.

☐ Purchases (Line 1) ☐ Sales Out-of-State (Line 3)

☐ Sales to Government Stores (Line 2) ☐ Returns to Factory (Line 4)

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