



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-305-1
 Revised 6/09
 61A-10.052 FAC
 Effective ()

OUT-OF-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 _____ State _____ 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

COMPUTATION OF TAX

- 1. NET TAXABLE SALES (Total Wholesale Sales Price from page 2) \$ _____
- 2. EXCISE TAX at 25% of Wholesale sales price (Line 1 X .25) \$ _____
- 3. LESS: 1% COLLECTION ALLOWANCE (Line 2 X .01) \$ _____
- 4. EXCISE TAX DUE (Line 2 minus 3) \$ _____
- 5. SURCHARGE DUE AT 60% of Wholesale Sales Price (Line 1 X .60) \$ _____
- 6. TOTAL AMOUNT TO BE REMITTED WITH THIS REPORT (Line 4+ 5) \$ _____

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		