



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
 2601 BLAIR STONE ROAD • TALLAHASSEE FL 32399-1022

DBPR ABT 4000A-300
 Incorporated by Reference:
 61A-10.052 & 61A-10.055, F.A.C.
 Effective 11/2019

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, F.S.**, 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, F.S.**

Permit Name: _____ Phone Number () _____ Permit No. _____

Address _____ City _____, Florida Zip _____

Month /Year Reported _____ Reporting Period _____ through _____

This report is true and correct to the best of my knowledge and belief and is submitted under penalty of perjury.

 Type or Print 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 through 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) \$ _____ |
| 10a. LESS 1% COLLECT ALLOW (Line 9a x .01) \$ _____ | 10b. LESS 1% COLLECT ALLOW (Line 9b x .01) \$ _____ |
| 11a. LESS CREDIT CERTIFICATE (EXCISE) \$ _____ | 11b. LESS CREDIT CERTIFICATE (SURCHARGE) \$ _____ |
| 12a. EXCISE TAX DUE (Line 9a minus line 10a minus line 11a) \$ _____ | 12b. SURCHARGE DUE (Line 9b minus line 10b minus line 11b) \$ _____ |
| 13. TOTAL AMOUNT TO BE RETURNED WITH THIS REPORT (Line 12a plus 12b) \$ _____ | |

Division of Alcoholic Beverages and Tobacco Use Only

Report Receipt	In's	Excise Payment Verification	In's	Surcharge PMT Verification	In's	FIELD REVIEW	In's



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DETAIL

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Permit Name: _____ of _____ Florida
 Month / Year Reported _____ Reporting Period _____ through _____

PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction

- | | |
|--|--|
| <input type="checkbox"/> Purchase (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 #	Name and Address of Supplier or Purchaser	Wholesale Sales Price
Transaction Total <i>(Transfer all transaction totals to applicable line on Summary Page)</i>			



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IN-STATE TOBACCO PRODUCTS WHOLESALE DEALER'S REPORT
CERTIFICATE OF TOBACCO PRODUCTS DESTROYED

Permit Name _____ Permit No. _____ Date _____
 Address _____ Phone Number () _____
 City _____ State _____ Zip _____

Name of Supplier (Attach a detailed listing of products for each supplier)	Wholesale Sales Price
Total (Forward the total to page 1, line 5)	

We certify that the list of destroyed Tobacco Products above is true and correct to the best of our knowledge and belief.

 Licensee

 Division of Alcoholic Beverages and Tobacco