



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

DBPR ABT 4000A-305  
 Incorporated by Reference:  
 61A-10.052, F.A.C.  
 Effective 11/2019

**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** at the address above. SECOND COPY is to be retained by the licensee. This report 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 \_\_\_\_\_ Permit No. \_\_\_\_\_

Phone No. (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ 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

**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. LESS: 1% COLLECTION ALLOWANCE (Line 5 x .01)     \$ \_\_\_\_\_
- 7. SURCHARGE DUE (Line 5 minus 6)     \$ \_\_\_\_\_
- 8. **TOTAL AMOUNT TO BE REMITTED WITH THIS REPORT** (Line 4 + 7)     \$ \_\_\_\_\_

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
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		

