

#### **DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

### 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**.

Peri	mit Name:			Phon	e Num	ber ( )_			Permit No	0	
Address				City				, Florida Zip			
Моі	nth/Year Reported			Reporting Period				through			
	This repo	t is true a	nd correct to th	e best of my kn	owledge	e and belief and	d is submitted u	nder pei	nalty of perjury.		
	Type or	Print Nam	ie				Au	thorized	Signature		
	SL	JMMA	RY OF TR	ANSACTI	ONS	AND CO	MPUTATIC	ON OI	FTAX		
1.	TOTAL PURCHASES			\$_						_	
2.	LESS Sales to Govern	ment St	ores	\$ _							
3.	Sales Out-of-State			\$_							
4.	Returns to Factory			\$_							
5	Products Destroye	d		\$_							
6.				\$_							
7.	TOTAL DEDUCTIONS (T	otal of I	lines 2 throu	gh 6) \$ _							
8.	NET TAXABLE PURCHA	SES (Lin	e 1 minus Lir	ne 7) \$ _							
9a.	EXCISE TAX at 25% of WSP (Line 8 x .25) \$ _				91	o. Surchai WSP (Line				_	
10a.	LESS 1% COLLECT ALLOW (Line 9a x .01)	\$			10	Ob. LESS 1% (		) \$			
11a.	LESS CREDIT CERTIFICA (EXCISE)	<b>ATE</b> \$			11	b. <b>LESS CRE</b> (SURCHA					
12a.	EXCISE TAX DUE (Line minus line 11a)	9a minu \$	us line 10a		12	b. <b>SURCHA</b> I	•	ne 9b n	ninus line 10k	) —	
13.	TOTAL AMOUNT TO BE	RETURN	IED WITH THI	S REPORT (Li	ne 12a	plus 12b)	\$				
Divi	sion of Alcoholic Beverages a	1	1								
	Report Receipt	In'Is	Excise Payme	ent Verification	In'is	Surcharge PN	NT Verification	In'is	FIELD R	EVIEW	In'Is
		+		<u> </u>				<u> </u>			$\vdash$

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

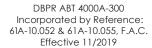


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## IN-STATE TOBACCO PRODUCTS WHOLESALE DEALER'S REPORT DETAIL

Permit Name:		of _		Florida		
Month/Year Reported		Reporting Period	through			
		PRODUCT TRANSACT	TIONS			
	A separate pag	ge must be completed for	each type of transaction			
	Purchase (Line 1)		☐ Sales Out-of_State (Line	3)		
	Sales to Governme	ent Stores (Line 2)	Returns to Factory (Line	4)		
Date	Invoice #	Name and Address	of Supplier or Purchaser	Wholesale Sales Price		
				+		
				1		
				_		
Transac	ction Total (Transfer all tra	nsaction totals to applicable	le line on Summary Page)			



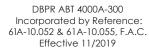


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Permit Name:		of	Florida				
Month/Year Reported		Reporting Period	through				
	TAX PAID PURCHASES FROM OTHER FLORIDA WHOLESALE DEALERS						
Date	Invoice #	Name and Address of Flo	rida Wholesale Dealer	Wholesale Sales Price			
		NOTE OF HELLING					
	<b>Iransaction Total</b> (DC	NOT Transfer this total to the Sur	mmary Page)				





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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 c	detailed listing of products for each supplier)	Wholesale Sales Price
Tatal /Forward	rd the total to page 1, line 5)	
We certify that the list of destro	yed Tobacco Products above is true and correct to the besi	of our knowledge and belief.
Licensee	Division of Alcoholic Be	everages and Tobacco