



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-215
 Revised 06/09
 61A-10.017 FAC

INDIVIDUAL CIGARETTE AND/OR TOBACCO PRODUCT EXCISE TAX REPORT

If you purchase cigarettes or other tobacco products via the mail, phone, or Internet, and the State of Florida excise taxes have not been paid, you are liable for the tax. Please complete this form and send the form and payment of the total excise taxes due to the Bureau of Auditing office of the Division of Alcoholic Beverages and Tobacco.

Name _____ Date _____
 Address _____ Phone Number _____
 City _____ State ____ Zip Code _____ Email Address _____

I, the undersigned, have caused to be shipped into the state of Florida for personal use only, the following Cigarettes and/or Tobacco Products, for which I am remitting the Excise Tax at this time. Additionally, I acknowledge under penalty of perjury that the cigarettes and/or tobacco products will not be offered for sale under any circumstances.

 Typed or printed name

 Signature

Cigarettes

| Order Date | Purchased From | Number of Packs | Excise Tax (No. of Packs X \$.339) | Surcharge (No. of Packs X \$1.00) | Total Due (Excise Tax + Surcharge) |
|------------|----------------|-----------------|--|---|---------------------------------------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

Cigarette Total To Be Remitted

\$ _____

4021 - Excise 4022 - Surcharge

Tobacco Products

(Any tobacco products other than cigarettes or cigars)

| Order Date | Purchased From | Cost Less Shipping | Excise Tax (Cost x .25) | Surcharge (Cost x .60) | Total Due (Excise Tax + Surcharge) |
|------------|----------------|--------------------|----------------------------|---------------------------|---------------------------------------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |

Tobacco Total To Be Remitted

\$ _____

4100 - Excise 4023 - Surcharge

Total Due With This Report

\$ _____

DAB&T USE ONLY

| | | In's | AUDIT REVIEW | | In's | CENTRAL PROCESSING | | In's |
|---------------|--|------|---------------------|--|------|----------------------|--|------|
| Postmark Date | | | Initial Review Date | | | Initial Receipt Date | | |
| Delivery Date | | | Amended Date | | | Completed Date | | |

| | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Delinquency Action | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|