



**DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
CIGARETTE FLOOR STOCK  
SURCHARGE RETURN**

DBPR Form  
ABT 4000A-041  
Page 1 of 2  
(Wholesale)

The 2009 "Protecting Florida's Health Act" levies a surcharge of \$1.00 per pack on a standard pack of cigarettes. The Act applies the surcharges to existing inventory held by manufacturers, distributors, wholesalers, and retailers in the state as of opening for business on July 1, 2009.

**Section I – Taxpayer Identification**

|                               |                                   |             |             |
|-------------------------------|-----------------------------------|-------------|-------------|
| <b>Owner Name and Address</b> | <b>License or Permit Number</b>   | <b>Prof</b> | <b>File</b> |
|                               | <b>Business Name and Location</b> |             |             |

**Section II – Calculation of Surcharge**

| Product Inventory as of July 1, 2009<br>(a)                  |  | Inventory<br>(b) | Rate<br>(c) | Surcharge<br>(d) |
|--|--|------------------|-------------|------------------|
| <b>Cigarettes:</b>   | 1. Number of packs of cigarettes with Florida tax stamps (10 or fewer sticks)..... | 1                | x \$ 0.50 = | \$               |
|  | 2. Number of packs of cigarettes with Florida tax stamps (11 to 20 sticks).....    | 2                | x \$ 1.00 = | \$               |
|  | 3. Number of packs of cigarettes with Florida tax stamps (21 to 25 sticks).....    | 3                | x \$ 1.25 = | \$               |
| <b>4. Gross Surcharge – Add lines 1(d) through 3(d).....</b> |  |                  | <b>4</b>    | <b>\$</b>        |

**Section III – Amount Due**

**5. Surcharge Calculations:** I elect to pay  The Entire Amount (continue on line 6)  By Installment (continue on line 9)

**If paying the entire amount use lines 6, 7, 8, and 13.**

|   |           |           |  |
|---|-----------|-----------|--|
| <b>6.</b> Gross Surcharge Due with this return (from line 4).....   | <b>6</b>  | <b>\$</b> |  |
| <b>7.</b> Less 5% discount for paying by July 21, 2009 .....  | <b>7</b>  | <b>\$</b> |  |
| <b>8.</b> Net Surcharge Due with this return (subtract line 7 from line 6) Enter the amount here and on line 13.....  | <b>8</b>  | <b>\$</b> |  |
| <b>If paying by installment use lines 9, 10, 11, 12, and 13.</b>  |           |           |  |
| <b>9.</b> I am enclosing payment for the installment due on <input type="checkbox"/> July 21, 2009 <input type="checkbox"/> August 10, 2009 <input type="checkbox"/> August 30, 2009 <input type="checkbox"/> September 9, 2009   |           |           |  |
| <b>10.</b> Enter 25% of the amount on line 4.....   | <b>10</b> | <b>\$</b> |  |
| <b>11.</b> Less 5% discount for paying on time .....  | <b>11</b> | <b>\$</b> |  |
| <b>12.</b> Net Surcharge Due with this return (subtract line 11 from line 10) Enter the amount here and on line 13.....   | <b>12</b> | <b>\$</b> |  |
| <b>13.</b> Enter the amount of remittance.....<br>Mail this form with inventory documentation and enclose a certified check or money order payable to <b>Division of Alcoholic Beverages and Tobacco</b> . (See instructions on page 2 for the mailing address.) Alternatively, you may send your surcharge payment(s) via EFT. | <b>13</b> | <b>\$</b> |  |

**Section IV - Certification**

Do not write in this space

By my signature, I certify that the inventory listed above is true and accurate and includes all items required by Florida Statute 210.

|                  |                         |
|------------------|-------------------------|
| <b>Signature</b> | <b>Title</b>            |
| <b>Date</b>      | <b>Telephone Number</b> |

**FOR AB&T USE ONLY**

| Tracking  | Initials | Misc Charge Codes |
|-----------|----------|-------------------|
| Postmark  |          | 4041 Cigarette    |
| Receipt # |          | 4042 OTP          |
| Database  |          |                   |



DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO  
**CIGARETTE FLOOR STOCK  
SURCHARGE RETURN**

DBPR Form  
ABT 4000A-041  
Page 2 of 2  
(Wholesale)

**Instructions**

**This form must be completed by all wholesale tobacco permit holders in the State of Florida. If you do not sell cigarette or tobacco products you must complete this form and indicate that you have a 0 (zero) inventory.**

**SECTION I - TAXPAYER IDENTIFICATION**

- Verify and correct all pre-printed information. If you receive a blank surcharge return, enter your complete owner's name and mailing address, business name and location address, and your wholesale tobacco permit number, in the appropriate blocks.

**SECTION II - CALCULATION OF SURCHARGE**

- Calculate the surcharge only on the items held for sale before opening for business on July 1, 2009.
- Count the number of packs of cigarettes for each pack size identified on lines 1, 2, and 3, column (a), and enter the amount in column (b)
- Multiply the number of packs counted in column (b) by the rate in column (c), and enter the total surcharge in column (d).

**SECTION III – AMOUNT DUE**

- Payment Calculations:
  - Add lines 1(d) through 3(d) to determine the Gross Surcharge, and enter the total on line 4(d).

**One Payment.** You may elect to pay the Floor Stock Surcharge with one payment.

  - If you elect to pay the entire payment by July 21, 2009, enter the amount from line 4(d) on line 6.
  - If the payment is made on time calculate the discount by multiplying line 6 by 5%. Enter your discount on line 7.
  - Subtract line 7 from line 6 and enter the amount on line 8 and line 13.

**Installment Payments.** You may elect to pay by four equal installments. The payments will be due on July 21, August 10, August 30, and September 9, 2009

- If you are paying by installments, check the installment payment date box on line 9 for the payment you are making.
- On line 10 enter 25% of the amount on line 4.
- If the installment payment is made on time calculate the discount by multiplying line 10 by 5%. Enter your discount on line 11.
- Subtract line 11 from line 10 and enter the amount on line 12 and line 13.
- Repeat the installment payment instructions for each of the four payments

**SECTION IV - CERTIFICATION**

- Sign and date the surcharge return, and include you title and telephone number. By signing the form you are certifying that the inventory you list is true and accurate.

**DOCUMENTATION**

- You must include a copy of the inventory documents you used to complete this form with the initial return you submit by July 21, 2009. Keep a copy of your inventory, surcharge return, and other supporting records for inspection by Division of Alcoholic and Beverages agents and auditors. Keep records for a period of at least 3 years after the date you file your return.

**MAILING INSTRUCTIONS**

- If you received this form by mail, use the enclosed self-addressed envelope to submit your return.
- If paying by the installment method, mail all payments to:  
Department of Business and Professional Regulation  
Division of Alcoholic Beverages and Tobacco/Auditing  
1940 N. Monroe St  
Tallahassee, FL 32399-0772
- For each payment you make, enclose a copy of this form with your certified check or money order.

**YOUR INITIAL CIGARETTE AND TOBACCO FLOOR STOCK SURCHARGE RETURN MUST BE POSTMARKED NO LATER THAN JULY 21, 2009.**

Questions. If you have questions about the tobacco inventory surcharge, call the ABT field Auditing Office that services your area.

Website. Additional information is available on our website at [www.myflorida.com/dbpr/abt/surcharge](http://www.myflorida.com/dbpr/abt/surcharge).