Manufacturer/Wholesaler/Distributor Reporting System
Import File Specifications
Fixed Length Flat File
Ver. 2017_2.1

Table of Contents

Changes

Title	Description of Change
Documentation	Modifications to standardize and update overall document.
Contact Information and resource links	The Florida Department of Revenue has implemented a new website address and email address format.
URL Modifications	Modified all URLs to new format and changed contact phone to new 850 number.

1   Introduction

1   The Florida Department of Revenue (FDOR) has established an electronic filing program for the Wholesalers, Distributors and/or Manufacturers of alcoholic beverages and/or tobacco products.

2   More information and resources regarding the Report Requirement for Sellers of Alcoholic Beverages or Tobacco Products to Florida Retailers are available on the FDOR website at: floridarevenue.com/taxes/compliance/Pages/wholesale_reporting.

2   Purpose

1   This specification provides requirements for producing an accurate import file. The transmission method for importing the text file produced is through the FDOR Wholesaler/Distributor Reporting website.

2   The output file created using these specifications meets the formatting requirements for input into the FDOR Wholesaler/Distributor Reporting System.

3   To create a correct file, please be sure that all required fields are populated accurately and completely.

4   The Florida Wholesaler/Distributor Reporting website is for electronic submission of Alcoholic Beverages and/or Tobacco (ABT) Annual Wholesaler Reports.

3   Definitions

- **ABT:** Alcoholic Beverages and/or Tobacco.
- **BSWA:** The Department's service provider for intake and processing of electronic returns and reports.
- **BTO:** Business Technology Office (FDOR).
- **FDOR:** Florida Department of Revenue.
- **FEIN:** Federal Employer Identification Number.

4   Responsibilities

1   The following compliance requirements must be met:
- **FDOR**
  - o   Respond to inquiries within one to two business days.
  - o   Facilitate file submission efforts.
  - o   Communicate system changes.

- **BSWA**
  - o   Provide website application for importing reports.

- **User**
  - o   Adhere to all State procedures, requirements and specifications.
  - o   Provide accurate Florida reports in correct electronic format for transmission.

- o Below are terms and conditions for using the import file template. By utilizing the Florida Department of Revenue's import file template, you (herein referred to as "User") acknowledge and agree to the following:
  - ✓ User is responsible for the use of the Import File specifications.
  - ✓ User is responsible for generating the output file being imported to FDOR.
  - ✓ User agrees to make NO configuration changes and/or modifications to the Import File Specifications.
  - ✓ User agrees that the Import File Specifications will be used for the sole purpose of converting specific sales information to meet the standard format for transmitting data to FDOR.
  - ✓ User hereby acknowledges that they have read and agree to the terms and conditions of this import application.

2   The first step is to review the following:
- This document.
- Record layout.

5   About Electronic Report Filing

5.1   ACCEPTED FORMS AND SCHEDULES

1   There is **no signature** requirement for any of the forms that are submitted electronically. An electronic report is deemed signed when an individual who is authorized to sign includes his or her name in the electronic return data field and identifies it as a signature.

5.2   REPLACEMENT REPORTS

1   The Department supports replacement reports.

5.3   TIMELY FILING

1   The information report must contain the required information for the period from July 1 through June 30. The information report is due annually on July 1 for the preceding reporting period and is delinquent if not received by the Department by September 30. F.S. 212.133(3).

2   Any seller who fails to provide the information report by September 30 is subject to a penalty of $1,000 for every month, or part thereof, the report is not provided, up to a maximum amount of $10,000. This penalty must be settled or compromised if it is determined by the department that the noncompliance is due to reasonable cause and not willful negligence, willful neglect, or fraud. F.S. 212.133(4).

6   File Description and Requirements

1   Review all provided information. You may create your file by using the record format information and the field requirements. You may also reference section 7 for field definitions.

6.1   FLORIDA FILE RECORD LAYOUTS

1   The record layout contains required fields that Florida will validate. This document outlines essential information used to construct your file. This data includes the following:

Column Header	Purpose
Field Name	Name of the field.
Field Type	A = Alphanumeric, N = Numeric
Field Length	Character or digit length of the field.
Record Begin	Beginning position of the field in the record.
Record End	Ending position of the field in the record.
Field Description	This field provides rules and validations performed for each element or attribute.

6.2 FLORIDA FILE REQUIREMENTS

1   All import files must adhere to the following:

- Your file must contain one instance of each of the record types shown.
- Your file must contain all the required fields within the record layout to be valid.
- Your file must contain a **.txt** file extension, with nothing behind it.
- Your file must use an ASCII encoding (UTF-8, etc.). Using UNICODE will cause Server Errors.
- All amount fields are numeric with an implied two decimals.

6.3   Record Type 01 – Header

Field Name	Field Type	Field Length	Record Begin	Record End	Field Description
Record Type	N	2	1	2	"**01**" (Header record)
Filler	N	4	3	6	Four zero fill (0000)
Company Identifier	N	9	7	15	FEIN: Federal Employer ID Number
Filler	N	4	16	19	Four zero fill (0000)
Seller License/Permit Number	A	10	20	29	AAANNNNNNN

6.4   Record Type 80 – Filing Wholesaler/Seller Product Report Totals

Field Name	Field Type	Field Length	Record Begin	Record End	Field Description
Record Type	N	2	1	2	"**80**" (Report Totals by Product)
Filler	N	4	3	6	Four zero fill (0000)
Seller License / Permit Number	A	10	7	16	AAANNNNNNN
Filler	N	4	17	20	Four zero fill (0000)
Report Begin Date	N	8	21	28	Format: ccyy0701, (July 01 of last year)
Filler	N	4	29	32	Four zero fill (0000)
Report End Date	N	8	33	40	Format: ccyy0630, (June 30 of this year)
Filler	N	4	41	44	Four zero fill (0000)
Product Type 01	N	2	45	46	**01 = Beer**
Filler	N	4	47	50	Four zero fill (0000)
Annual Sales 01	N	11	51	61	Annual Beer Sales
Amount Sign	A	1	62	62	Plus or Minus ("+" or "-")
Product Type 02	N	2	63	64	**02 = Wine**
Filler	N	4	65	68	Four zero fill (0000)
Annual Sales 02	N	11	69	79	Annual Wine Sales
Amount Sign	A	1	80	80	Plus or Minus ("+" or "-")
Product Type 03	N	2	81	82	**03 = Spirits/Liquor**

Filler	N	4	83	86	Four zero fill (0000)
Annual Sales 03	N	11	87	97	Annual Spirits/Liquor Sales
Amount Sign	A	1	98	98	Plus or Minus ("+" or "-")
Product Type 04	N	2	99	100	**04 = Cigars**
Filler	N	4	101	104	Four zero fill (0000)
Annual Sales 04	N	11	105	115	Annual Cigars Sales
Amount Sign	A	1	116	116	Plus or Minus ("+" or "-")
Product Type 05	N	2	117	118	**05 = Cigarette**
Filler	N	4	119	122	Four zero fill (0000)
Annual Sales 05	N	11	123	133	Annual Cigarette Sales
Amount Sign	A	1	134	134	Plus or Minus ("+" or "-")
Product Type 06	N	2	135	136	**06 = Other Tobacco**
Filler	N	4	137	140	Four zero fill (0000)
Annual Sales 06	N	11	141	151	Annual Other Tobacco Sales
Amount Sign	A	1	152	152	Plus or Minus ("+" or "-")
Product Type 07	N	2	153	154	**07 = Other**
Filler	N	4	155	158	Four zero fill (0000)
Annual Sales 07	N	11	159	169	Annual Other Sales
Amount Sign	A	1	170	170	Plus or Minus ("+" or "-")
Product Type 08	N	2	171	172	**08 = Combined**
Filler	N	4	173	176	Four zero fill (0000)
Annual Sales 08	N	11	177	187	Annual Combined Sales
Amount Sign	A	1	188	188	Plus or Minus ("+" or "-")

6.5   Record Type 81 – Retailer Information

Field Name	Field Type	Field Length	Record Begin	Record End	Field Description
Record Type	N	2	01	02	"**81**" (Retailer Info)
Filler	N	4	03	06	Four zero fill (0000)
Retailer Name	A	40	07	46	Retailer Name
Filler	N	4	47	50	Four zero fill (0000)
Retailer Delivery Street	A	40	51	90	Retailer Delivery Street
Retailer Delivery City	A	26	91	116	Retailer Delivery City
Retailer Delivery State	A	2	117	118	Retailer Delivery State (FL)
Retailer Delivery Zip	A	5	119	123	Retailer Delivery City
Filler	N	4	124	127	Four zero fill (0000)
Retailer License/Permit Number	A	11	128	138	AAANNNNNNN (Right justified: Space/blank fill)
Filler	N	4	139	142	Four zero fill (0000)
Retailer SUT Certificate Number	A	13	143	155	Retailer FL Sales Certificate Number
Filler	N	4	156	159	Four zero fill (0000)
Company Identifier	N	9	160	168	FEIN: Federal Employer ID Number
Filler	N	4	169	172	Four zero fill (0000)
Seller License/Permit Number	A	10	173	182	AAANNNNNNN

6.6 Record Type 82 – Retailer Monthly Detail

Field Name	Field Type	Field Length	Record Begin	Record End	Field Description
Record Type	N	2	01	02	"**82**" (Retailer Monthly Detail)
Filler	N	4	03	06	Four zero fill (0000)
Month/Year of Sales	N	4	07	10	MMYY (Month/Year of Sales) (example June 2016: 0616)
Filler	N	4	11	14	0000 (Four zero filler.)
Product Type 01	N	2	15	16	**01 = Beer**
Filler	N	4	17	20	Four zero fill (0000)
Annual Sales 01	N	11	21	31	Annual Beer Sales
Amount Sign	A	1	32	32	Plus or Minus ("+" or "-")
Product Type 02	N	2	33	34	**02 = Wine**
Filler	N	4	35	38	Four zero fill (0000)
Annual Sales 02	N	11	39	49	Annual Wine Sales
Amount Sign	A	1	50	50	Plus or Minus ("+" or "-")
Product Type 03	N	2	51	52	**03 = Spirits/Liquor**
Filler	N	4	53	56	Four zero fill (0000)
Annual Sales 03	N	11	57	67	Annual Spirits/Liquor Sales
Amount Sign	A	1	68	68	Plus or Minus ("+" or "-")
Product Type 04	N	2	69	70	**04 = Cigars**
Filler	N	4	71	74	Four zero fill (0000)
Annual Sales 04	N	11	75	85	Annual Cigars Sales
Amount Sign	A	1	86	86	Plus or Minus ("+" or "-")
Product Type 05	N	2	87	88	**05 = Cigarette**
Filler	N	4	89	92	Four zero fill (0000)
Annual Sales 05	N	11	93	103	Annual Cigarette Sales
Amount Sign	A	1	104	104	Plus or Minus ("+" or "-")
Product Type 06	N	2	105	106	**06 = Other Tobacco**
Filler	N	4	107	110	Four zero fill (0000)
Annual Sales 06	N	11	111	121	Annual Other Tobacco Sales
Amount Sign	A	1	122	122	Plus or Minus ("+" or "-")
Product Type 07	N	2	123	124	**07 = Other**
Filler	N	4	125	128	Four zero fill (0000)
Annual Sales 07	N	11	129	139	Annual Other Sales
Amount Sign	A	1	140	140	Plus or Minus ("+" or "-")
Product Type 08	N	2	141	142	**08 = Combined**
Filler	N	4	143	146	Four zero fill (0000)
Annual Sales 08	N	11	147	157	Annual Combined Sales
Amount Sign	A	1	158	158	Plus or Minus ("+" or "-")
Retailer License/Permit Number	A	11	159	169	AAANNNNNNN (Right justified: Space/blank fill)
Filler	N	4	170	173	Four zero fill (0000)
Seller License/Permit Number	A	10	174	183	AAANNNNNNN

6.7 Record Type 99 – Trailer

Field Name	Field Type	Field Length	Record Begin	Record End	Field Description
Record Type	N	2	1	2	"**99**" (Trailer record)
Filler	N	4	3	6	Four zero fill (0000)
Company Identifier	N	9	7	15	FEIN: Federal Employer ID Number
Filler	N	4	16	19	Four zero fill (0000)
Seller License/Permit Number	A	10	20	29	AAANNNNNNN
Filler	N	4	30	33	Four zero fill (0000)
Total number or 81 records	N	11	34	44	Record 81 Count
Filler	N	4	45	48	Four zero fill (0000)
Total number or 82 records	N	11	49	59	Record 82 Count

7   Field Definitions

A. **Seller License/Permit Number*** = Sellers manufacturer, wholesaler, or distributor license/permit number - issued by the DBPR/ABT which authorized sales to the retailer referenced in the entry. First three characters must be alpha; last seven digits must be numeric. First two of the last seven digits should be the numeric county code (11 thru 77). **Not case sensitive.** This could be the same manufacturer, wholesaler, or distributor license or permit number that was included on the wholesaler and Seller Info. tab **or** one of the additional license or permit numbers for which you are submitting a report.

B. **Retailer License/Permit Number*** = Retailer license/permit number- issued by the DBPR/ABT. **Right justified.** Alpha/numeric.
   - First 3 characters may be alpha; last seven digits must be numeric. Example: WDE1234567 - **or**
   First 2 characters may be alpha; last seven digits must be numeric. Example: _BC1234567 – one space, two alpha characters for Bottle Club license type.
   - First two of the last seven digits should be the numeric county code (11 thru 77 or 79).
   - This field is not case sensitive.

C. **Retailer Name*** = the name of the retailer/customer. Letters, numbers and the following special characters are acceptable:
   # & ( ) . @ ~ ` / \ : ; [ ] { } | , - * $! % " < > ^

D. **Retailer Delivery Address*** = the location address where the product is delivered, (house/street). Letters, numbers and the following special characters are acceptable:
   # & ( ) . @ ~ ` / \ : ; [ ] { } | , - * $! % " < > ^
   - **Delivery City*** = the location city where the product is delivered. Letters, numbers and the following special characters are acceptable:
     # & ( ) . @ ~ ` / \ : ; [ ] { } | , - * $! % " < > ^
   - **Delivery State*** = the location state where the product is delivered. Two-character state abbreviation, example: FL. Not case sensitive.
   - **Delivery ZIP*** = the location zip code where the product is delivered. Five numeric digits.

E. **Retailer Sales Tax Certificate Number =** number issued by the Florida Department of Revenue. Right justified. Must be thirteen numeric digits. Hyphens are acceptable. This should be the sales tax certificate number, which is associated with the retailer DBPR/ABT license or permit number included on this entry.

> **NOTE:** This is **NOT** a required field. If you choose NOT to provide the sales tax certificate number, leave the field blank.

F. **Retailer FEIN =** must be nine numeric digits. Hyphens are acceptable.
> **NOTE:** This field is **not mandatory** for the current reporting period.

G. **Sales Month* =** the net sales information must be reported per month. Enter the month and year for which you have sales to report.
> **Example**: for July 2017 use **0717**.

H. **Product Type* =** must be entered as text. Case sensitive. See below:
  - 01: Beer use……………………….…… "beer".
  - 02: Wine use…………………………... "wine".
  - 03: Spirits/Liquor use either……. "spirits" or "liquor", not both.
  - 04: Cigar use……………………………. "cigars". (This field is **plural** and will cause errors if entered otherwise.)
  - 05: Cigarette use ……………………… "cigarette".
  - 06: Other Tobacco use ……………. "other tobacco".
  - 07: Other Products[1] use …………... "other products". (This field is seldom used.)
  - 08: Combined Net Sales Amount[2] use "combined". (This field is seldom used.)

[1]The **"other products"** category is for non-alcoholic/non-tobacco products. **This field is seldom used.**
> **NOTE:** You are **NOT required** to provide your net sales information for this category. It is included for your convenience to provide you with a means of reconciling your invoices if you wish to do so.

[2]The **"combined"** category is the total annual net sales amount for all other Product Types **combined**, if you have **no ability** to break out your sales per product type. **This field is seldom used.**
> **NOTE:** It is for reporting a single net sales amount per month, which is comprised of the sales conducted for the various product types in lieu of reporting per product type. This field is **NOT** to be included as a "Total" of the net sales reported for the other categories in addition to the detailed sales information provided per product type. Either you report the net sales amount(s) per product type **OR** a single net sales amount comprised of the sales conducted for all the product types for which you need to report.

I. **Monthly Net Sales*** = the total monthly net sales amount per product type, per retailer. **The decimal is required.** To report a negative net sales amount, include a negative sign (-) preceding the amount in the field.

J. **Annual Net Sales Amount** = The total annual net sales amount per Product Type code.

Annual Net Sales Amount - Other Products = The total annual net sales amount for other products (non-alcoholic/non-tobacco products). **This field is seldom used.**
   NOTE: The "other products" category is for non-alcoholic/non-tobacco products. You are **NOT required** to provide your net sales information for this category. It is included for your convenience to provide you with a means of reconciling your invoices if you wish to.

Annual Net Sales Amount- Combined = The total annual net sales amount for all other Product Types combined, if you have no ability to break out your sales per product type. **This field is seldom used.**
   NOTE: The "**combined**" category is for reporting a single net sales amount per month, which is comprised of the sales conducted for the various product types in lieu of reporting per product type. This field is **NOT** to be included as a "Total" of the net sales reported for the other categories in addition to the detailed sales information provided per product type. Either you report the net sales amount(s) per product type OR a single net sales amount comprised of the sales conducted for all the product types you are reporting.

K. **Reporting Period Begin Date*** = reporting period begin date (ccyymmdd), example: 20160701.
   Reporting Period End Date*   = reporting period ending date (ccyymmdd), example: 20170630.

L. **Sales tax certificate number** = must be thirteen numeric digits. This should be the sales tax certificate number, which is associated with the DBPR/ABT license or permit number included on this tab. This is **NOT** a required field. If you choose NOT to provide the sales tax certificate number, leave the field blank.

* = Required field.

8   Importing the Text File

8.1   GO TO OUR WEB SITE
- Go to floridarevenue.com.
- Click on "More e-Services".
- Click on "Alcoholic beverage and tobacco products reporting".
- Click on "Florida Wholesaler/Distributor Reporting System" under Quick Links on the left of page.
- Enter the DOR provided user ID (your License Number) and password.
- Click on Login.
- Select the Import option to import your text file.

9   Production Monitoring and Suspension
1   The Department reserves the right to suspend the electronic filing privilege of any electronic filer or software developer who deviates from the requirements, specifications, and procedures stated in this guide or any corresponding administrative rules, or who does not consistently transmit error-free reports. When suspended, the electronic filer or software developer will be advised of the requirements for reinstatement into the program.

10 Contact Information

1   You are invited to contact us with any question(s) or comment(s) you have regarding our electronic filing program.

- **TECHNICAL ISSUES OR TESTING:**
  - Email at: Wholesale_Information_Report@floridarevenue.com
  - **SUBJECT LINE:** ABT Report Template Issues
- **STATE OF FLORIDA WEBSITE:** myflorida.com
- **FLORIDA DEPARTMENT OF REVENUE WEBSITE:** floridarevenue.com
- **TAX INFORMATION AND ASSISTANCE:** 850-488-6800

11 Appendices and Accompaniments

11.1 EXAMPLE.
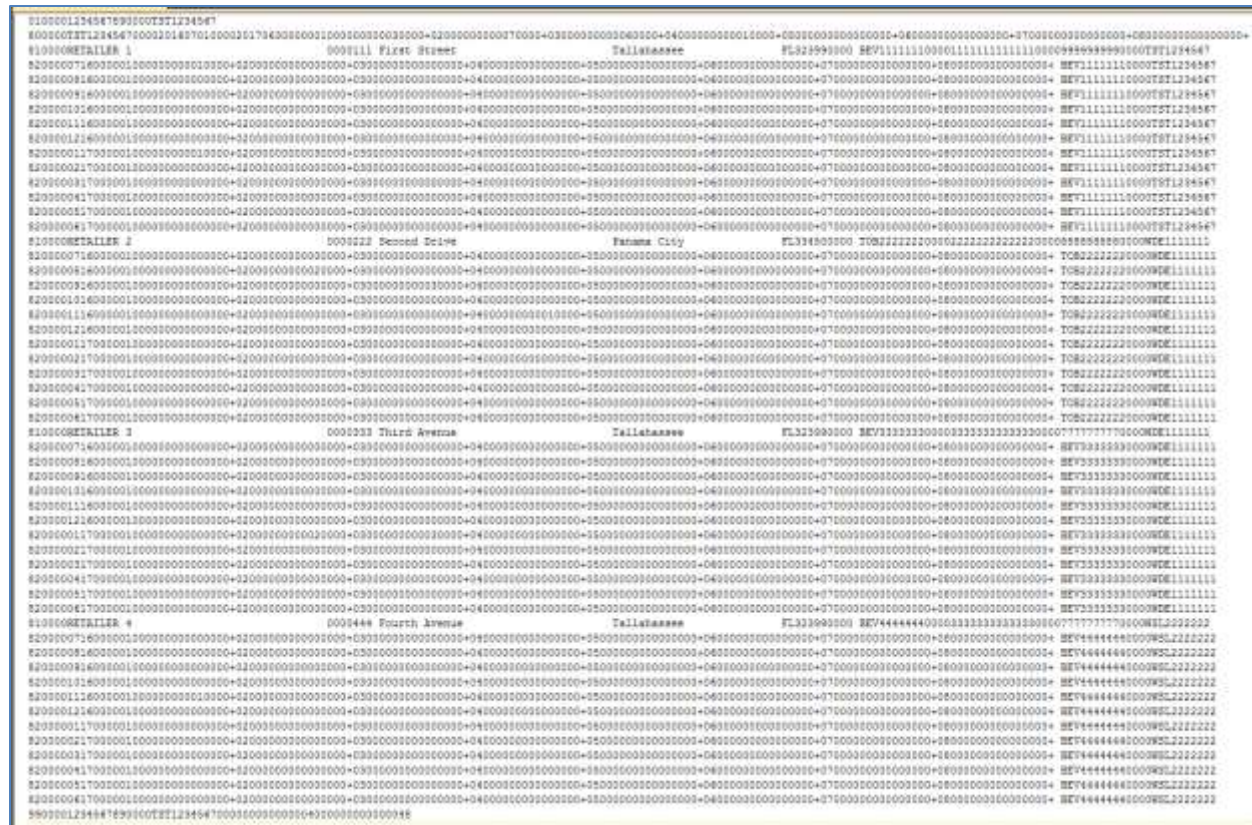
12 Revision History

Revise Date	Changes By	Approved By	Reason for Change	Version #
06/30/2017	TaylorLa MasseyRi		Modified to standardize and update overall document.	V2017 1.0
11/14/2017	MasseyRi TaylorLa		Modified all URL to shorter format and changed phone to new 850 number.	V2017_1.1