



121 SW Flagler Ave  
Stuart, FL 34994  
Tel: 772-288-5310  
Fax: 772-288-5323

# MERCHANT RETAIL & WHOLESALE AVERAGE MONTHLY INVENTORY AFFIDAVIT

Please print clearly and provide all required information

**Business Account #**

I, \_\_\_\_\_ owner of \_\_\_\_\_,  
hereby assess that my average monthly inventory is \$\_\_\_\_\_.

\_\_\_\_\_  
**Owner Signature**

**State of Florida, County of Martin**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
by \_\_\_\_\_ who is personally known to me or has produced  
\_\_\_\_\_ as identification and did / did not take an oath.

\_\_\_\_\_  
**Notary Signature**

**Seal**