ATT-11 (Rev. 1/13)

1324204012

Georgia Department of Revenue
Alcohol and Tobacco Division
Telephone: (404) 417-4900
E-mail: ATDIV@dor.ga.gov

# MONTHLY REPORT OF DISTILLED SPIRITS SHIPMENTS TO WHOLESALER LOCATED IN THE STATE OF GEORIGA

**Submit online at https://gtc.dor.ga.gov**

| STATE OF GEORGIA LICENSE NUMBER: | | FOR FILING PERIOD (MM/DD/YYYY ): |
|---|---|---|
| NAME OF PRODUCER OR SHIPPER: | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |

## INSTRUCTIONS

1. This report must be filed with the Georgia Department of Revenue, on or before the 15th of each calendar month.

2. List separately, on this form, each invoice of distilled spirits shipment made or caused to be made into or within the State of Georgia during the calendar month for with the report is being filed, giving the information as required by this form.

3. Legible copies of all invoices of distilled spirits shipments listed on this report form must be attached hereto.

## AFFIDAVIT

I certify, under the penalties for filing false returns, that I have personal knowledge and understanding of statements made in this return and that the figures presented herein, including accompanying materials are true, correct and complete to the best of my knowledge and belief, and are filed in accordance with the law.

SIGNATURE OF OWNER, PARTNER OR OFFICER _____ TITLE _____ DATE _____

Signature: This report must be signed by the owner, if a natural person, and in cases where the owner is a partnership, by a partner thereof. If a corporation, by an officer thereof .

Print Clear

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Georgia Department of Revenue
Alcohol and Tobacco Division
Telephone: (404) 417-4900
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1324204022

# MONTHLY REPORT OF DISTILLED SPIRITS SHIPMENTS TO WHOLESALER LOCATED IN THE STATE OF GEORIGA

## (List Each Invoice of Shipment Separately)

PAGE _____ OF _____ PAGES

| STATE OF GEORGIA LICENSE NUMBER | FOR FILING PERIOD ( MM/DD/YYYY ) |
|---|---|
| NAME OF PRODUCER OR SHIPPER: | |
| CITY | STATE |

| | WHOLE - SALER'S LICENSE NUMBER | INVOICE DATE | INVOICE NUMBER | SHIPPED TO (NAME AND CITY) | NUMBER OF CASES BY SIZE | | | | | | | CONVERT CASES TO LITERS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 120/50 ML | 48/200 ML | 24/375 ML | 24/500 ML | 12/750 ML | 12/1 L | 6/1.75 L | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
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| 10 | | | | | | | | | | | | |
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| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | GRAND TOTALS OF SHIPMENTS DURING THE MONTH | | | | | | | | | | | |

SPECIAL INSTRUCTIONS: All invoices of sales to a particular wholesaler should be listed together in a group, and each wholesaler should be listed in alphabetical order on this form.