



Report to be filed within
 24 hours of receipt
 (Regulation 560-8-2-.02)

Report of Non-Tax Paid Tobacco Products Received by Retailer

Submit online at <https://gtc.dor.ga.gov>

Legal Business Name		STI#	State License No.		For Calendar Month & Year		
Address (Street)		City			State	ZIP Code	
Invoice Date	GA License No.	Date Received	From Whom Purchased (Name, Address, City, State)	Loose Tobacco (Wholesale Cost Price)	Smokeless (Wholesale Cost Price)	Large Cigars (Wholesale Cost Price)	Little Cigars (Quantity)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

AFFIDAVIT

I certify, under the penalties for filing false reports, that I have personal knowledge and understanding of statements made in this return and that the figures presented herein, including accompanying schedules, 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