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ATT-112 (Rev 1/13)

DEPT. USE ONLY

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Georgia Department of Revenue Alcohol and Tobacco Division Telephone: (404) 417-4900 E-mail: ATDIV@dor.ga.gov Due by the 15th of each month following month in which shipments were made

## REPORT OF WINE SHIPMENTS INTO THE STATE OF GEORGIA DURING THE MONTH OF \_\_\_\_\_, 20\_\_\_\_

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

NAME OF WINE SHIPPER							GA LICENSE #				
ADDRESS			CITY				STATE		ZIP CODE		
			]	NSTRUCTIO	NS						
2. List separatel calendar mor	y, on this form th for which th	, each invoice le report is bei	of wine ng filed	ment of Revenu e shipment made , giving the info isted on this rep	e or caused to lormation as req	be made i uired by	nto the s this form	State of (			
DEPT USE ONLY	INVOICE					RE	PORT IN	LITERS			
WHOLESALER'S E.D.P. CODE	DATE NUMBE			NAME & LOCATION OF LESALER TO WHOM SHIPPED	14% OR ALCOH VOLU	OL BY	OVER 14% ALCOHOL BY VOLUME		CASES PER INVOICE		
			·	.1							

Grand Total of Shipments to Georgia Wholesalers during the month .....

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.