



2525404013

Due by the 15th of each  
month following month in  
which shipments were made.



Georgia Department of Revenue  
Alcohol and Tobacco Division  
2595 Century Pkwy NE, Suite 228  
Atlanta, GA 30345  
Telephone: (404) 417-4900  
E-mail: [ATDIV@dor.ga.gov](mailto:ATDIV@dor.ga.gov)

**CARRIERS MONTHLY REPORT OF ALCOHOLIC BEVERAGE  
SHIPMENTS DELIVERED IN THE STATE OF GEORGIA**

Affidavit for \_\_\_\_\_

FEIN		
NAME OF CARRIER		
STREET ADDRESS		
CITY	STATE	ZIP CODE

**IMPORTANT INSTRUCTIONS**

THIS AFFIDAVIT MUST BE FILED WITH THE GEORGIA DEPARTMENT OF REVENUE ON OR BEFORE THE 15<sup>TH</sup> OF EACH CALENDAR MONTH, COVERING ALL ALCOHOLIC BEVERAGE SHIPMENTS DELIVERED IN THE STATE OF GEORGIA DURING THE PRECEDING CALENDAR MONTH.

THIS AFFIDAVIT MUST BE ACCOMPANIED BY COPIES OF ALL BILLS OF LADING FOR THESE SHIPMENTS.

**AFFIDAVIT**

BEFORE ME, AN OFFICER AUTHORIZED BY LAW TO ADMINISTER OATHS, PERSONALLY APPEARED \_\_\_\_\_ AN AUTHORIZED AGENT OF THE ABOVE NAMED BUSINESS, WHO FIRST BEING DULY SWORN DEPOSES AND SAYS THAT THE ATTACHED COPIES OF BILLS OF LADING ARE TRUE AND CORRECT COPIES OF ALL BILLS OF LADING COVERING ALL DELIVERIES OF ALCOHOLIC BEVERAGES IN THE STATE OF GEORGIA MADE DURING THE PRECEDING MONTH, AND ARE SUBMITTED IN ACCORDANCE WITH GEORGIA ALCOHOLIC BEVERAGE CODE.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNED \_\_\_\_\_

AUTHORIZED AGENT

NOTARY PUBLIC