



2524504014

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, STE 228  
 Atlanta, GA 30345  
 Telephone: (404) 417-4900  
 E-mail: [ATDIV@dor.ga.gov](mailto:ATDIV@dor.ga.gov)

**MONTHLY REPORT OF MALT BEVERAGE SHIPMENTS INTO THE STATE OF GEORGIA**  
 Submit online at <https://gtc.dor.ga.gov>

Report for \_\_\_\_\_

REPORT BY	LICENSE NO.		
STREET ADDRESS			
CITY	STATE	ZIP CODE	

**IMPORTANT**

Give below a grand total, in number of cases or kegs according to packing and size container of all malt beverage shipments to distributions located in the State of Georgia as reflected on Schedules of Shipments.

NUMBER OF CASES OR KEGS	SIZE OF CASES OR KEGS	NUMBER OF CASES OR KEGS	SIZE OF CASES OR KEGS
(A) _____	48/7 oz. Cases	(H) _____	24/8 oz. Cases
(B) _____	36/8 oz. Cases	(I) _____	12/12 oz. Cases
(C) _____	24/12 oz. Cases	(J) _____	1/6 bbl. kegs
(D) _____	24/14 oz. Cases	(K) _____	1/2 bbl. kegs
(E) _____	24/16 oz. Cases	(L) _____	Cases
(F) _____	12/32 oz. Cases	Misc. oz Total _____	_____
(G) _____	24/7 oz. Cases	BBL Total _____	_____
Grand Total Gallons		_____	_____

**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



