ATT-29 (Rev. 5/14)

1424504013

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

Georgia Department of Revenue
Alcohol and Tobacco Division
1800 Century Center Suite 4235
Atlanta, GA 30345
Telephone: (404) 417-4900
E-mail: 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

ATT-29 (Rev. 5/14)

1424504023

Georgia Department of Revenue
Alcohol and Tobacco Division
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Atlanta, GA 30345
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BREWERS SCHEDULE OF MALT BEVERAGE SHIPMENTS TO EACH DISTRIBUTOR LOCATED IN THE STATE OF GEORGIA FOR _____

SHIPPED TO (NAME OF DISTRIBUTOR)	SHIPPED TO (CITY OF DISTRIBUTOR)
SHIPPED TO (NAME OF BREWERY)	SHIPPED BY (CITY OF BREWERY)

INSTRUCTIONS:

(1) Complete a separate page for each Distributor in the State of Georgia to whom Malt shipped during the calendar month covered by this report.
(2) List each invoice of shipment separately.
(3) Copies of all Credit Memorandums issued to Georgia Distributors must be attached to Individual Distributor's Schedule of Shipments. Each Credit Memorandum must have written thereon the reason for its issuance.

INVOICE DATE MM/DD/YYYY	INVOICE NUMBER	(A) (CASES) 48/7	(B) (CASES) 36/8	(C) (CASES) 24/12	(D) (CASES) 24/14	(E) (CASES) 24/16	(F) (CASES) 12/32

ATT-29 (Rev. 5/14)

1424504033

Georgia Department of Revenue
Alcohol and Tobacco Division
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BREWERS SCHEDULE OF MALT BEVERAGE SHIPMENTS TO EACH DISTRIBUTOR

SHIPPED TO (NAME OF DISTRIBUTOR)	SHIPPED TO (CITY OF DISTRIBUTOR)
SHIPPED TO (NAME OF BREWERY)	**SHIPPED BY (CITY OF BREWERY)**

INVOICE DATE MM/DD/YYYY	INVOICE NUMBER	(G) (CASES) 24/7	(H) (CASES) 24/8	(I) (CASES) 12/12	(J) (CASES) 1/6 bbl.	(K) (CASES) ½ bbl.	(L) (CASES)