





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

## MONTHLY REPORT OF MALT BEVERAGE SHIPMENTS INTO THE STATE OF GEORGIA Submit online at <a href="https://gtc.dor.ga.gov">https://gtc.dor.ga.gov</a>

		Report for							
REPORT BY			LICENSE NO.						
STREET ADD	RESS								
CITY				STATE	-   <i>7</i> 1	P CODE			
				017(12	-   -	. 0022			
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 C			SIZE OF CASES OR KEGS			
(A)	48/7	oz. Cases	(H)	<del></del>	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									

SHIPPED TO (CITY OF DISTRIBUTOR)

SHIPPED BY (CITY OF BREWERY)







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SHIPPED TO (NAME OF DISTRIBUTOR)

SHIPPED TO (NAME OF BREWERY)

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## BREWERS SCHEDULE OF MALT BEVERAGE SHIPMENTS TO EACH DISTRIBUTOR LOCATED IN THE STATE OF GEORGIA FOR \_\_\_\_\_\_

INSTRUCTIONS:								
(1) Complete a separate page for each Distributor in the State of Georgia to whom Malt shipped during the								
		by this report						
		ment separate						
		norandums iss		a Distributors r	nust be attach	ed to Individua	l Distributor's	
Schedule	of Shipments.	Each Credit I	Memorandum ı	must have writ	ten thereon the	e reason for its	issuance.	
	•							
INIVOLOE		(4)	(D)	(0)	(D)	<b>/C</b> \	<b>(</b> E)	
INVOICE	INVOICE	(A)	(B)	(C)	(D)	(E)	(F)	
DATE	NUMBER	(CASES)	(CASES)	(CASES)	(CASES)	(CASES)	(CASES)	
MM/DD/YYYY		48/7	36/8	24/12	24/14	24/16	12/32	
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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)	