



**HEAVY-DUTY EQUIPMENT DEALER**  
**MONTHLY SALES RETURN**  
**(In-State Purchases)**

Dealer Name:	Dealer's ID:	
Address:	City:	County:
State:	Zip Code:	Month of Sale:
Purchaser's County:		

*This form is to be completed by the dealer and submitted to the County Tax Commissioner's Office of each purchaser located within the State of Georgia no later than thirty (30) days after the last day of the month in which the purchase of the heavy-duty equipment took place.*

Purchaser's Name:	Purchase Date:	Purchase Price:
Street Address:	City:	Zip:
Purchaser's Name:	Purchase Date:	Purchase Price:
Street Address:	City:	Zip:
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Street Address:	City:	Zip:
Purchaser's Name:	Purchase Date:	Purchase Price:
Street Address:	City:	Zip:

I hereby certify the preceding return to be correct and accurate for the month of \_\_\_\_\_.

*Name of Person Preparing Return*

*Signature*

*Date*