



1425404012

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

**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 15TH 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