



1628004013



Georgia Department of Revenue
 Alcohol and Tobacco Division
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**DUE TO BE FILED BY
 FEBRUARY 10th AND
 AUGUST 10th OF EACH
 YEAR**

WHOLESALEERS MALT BEVERAGE REPORT OF INVENTORY

Submit online at <https://gtc.dor.ga.gov>

NAME OF WHOLESALER			
STREET	CITY	STATE	ZIP CODE

INVENTORY OF MALT BEVERAGE IN THE POSSESSION OF THE ABOVE NAMED
 WHOLESALER AS OF CLOSE OF BUSINESS ON JANUARY 31 AND JULY 31 EACH YEAR

SIZE OF CONTAINER AND NUMBER PER CASE	NUMBER OF CASES OR KEGS	SIZE OF CONTAINER AND NUMBER PER CASE	NUMBER OF CASES OR KEGS
A 48/7 oz Case		J oz Case	
B 36/8 oz Case		K oz Case	
C 24/12 oz Case		L oz Case	
D 24/14 oz Case		M oz Case	
E 24/16 oz Case		N	
F 12/32 oz Case		O	
G 24/7 oz Case		P	
H 24/8 oz Case		Q 1/4 Barrel - Each	
I oz Case		R 1/2 Barrel - Each	

IMPORTANT

The inventory as reflected and recorded on this document will be used for the purposes of determining tax liability. Upon the signing of this document by the wholesaler or its authorized agent, the wholesaler agrees and acknowledges that the inventory figures reflected above shall be binding on the wholesaler for purposes of calculating the wholesaler's tax liability pursuant to O.C.G.A. § 3-5-60.

The undersigned does hereby swear, subject to criminal penalties for false swearing, that a complete inventory has been conducted of all malt beverages on hand on date above given, and further swears that the inventory figures recorded above accurately reflect the inventory of malt beverages on hand on the date indicated above; and the undersigned hereby attests and affirms this report to be correct and accurate.

Sworn to and subscribed before me
 this ____ day of _____ 20 ____.

Signed _____
 (Signature of Officer, Partner or Owner of above named company)

 Notary Public
 My Commission expires:

 (Title)

Signature: This report must be signed by the owner, if a natural person; and in cases where the owner is a partnership, by a partner thereof; and if a corporation, by an officer thereof.